

**Factors Influencing Caregivers' Choice of Support Sources and Support-
Acceptance Decisions: A Systematic Review**

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Abstract

Background

Social support has been found to be an alternative to formal treatments and can be effective in buffering against the stress experienced by parents and teachers, due to the demands of their roles. Support provided from various sources in the form of encouragements, tangible help or information sharing can equip exhausted parents and teachers with more resources to meet the challenging demands of childrearing or teaching. The perception that support sources are present and social contacts are willing to provide them with additional support is alone sufficient to trigger an elevated sense of self-efficacy and encourage parents and teachers to adopt more effective problem-focused coping strategies. Yet, despite these known benefits, parents and teachers have continued to report their non- or minimal-access to support sources. Since support can only be received when parents and teachers are willing to accept the support offered, it is crucial to investigate and gather their reasons behind their non-access or lack of willingness to seek or accept support offers.

Objectives

This study investigates the various groups of social supporters to whom parents and teachers (i.e. caregivers) would turn for support when they are faced with challenges, and the factors that influence their decisions to seek, accept or reject social support rendered by individuals from a support source. In particular, it aims to answer (1) who do caregivers turn to and seek support from, when faced with role-related challenges while caring for young children? and (2) why do caregivers choose to seek or refuse support from a support source?

Method

The method of this review involved a systematic search for qualitative studies that recorded caregivers' reports of support experiences and their rationales for seeking, receiving or rejecting support rendered by their various networks of social contacts. The systematic search was conducted

in three electronic databases, namely ERIC, Scopus and EBSCOhost, and via the Google Scholar search engine. Eligibility criteria were imposed to ensure only studies that met the inclusion criteria were accepted for further quality assessment. The COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist was used to appraise the overall quality of the included studies. This overall quality is determined through the explicitness of descriptions and comprehensiveness of report. All included studies underwent two rounds of independent quality assessments. Inductive thematic analysis was employed to synthesise the extracted data and all extracted data were independently analysed and coded by the primary author and her supervisor.

Results

A total of 1228 studies was identified and 22 of the studies met all the inclusion criteria set for this review. Of the 22 studies, only two studies recorded teachers' experiences of receiving support and one recorded teachers' experiences of supporting parents. These three studies were excluded on the grounds that they provided insufficient data for gaining a comprehensive understanding of the teachers' support experiences. The remaining 19 studies were assessed on their overall quality using the COREQ checklist. The quality of these 19 studies was judged as moderate to high, indicating the descriptions and report of each study were explicit and comprehensive. All 19 studies recorded only the support sources accessed by and the support experiences of parents. Four main themes and 19 subthemes were identified through the extracted and synthesised data: (1) accessibility – subthemes: distance, time, availability, and information, (2) relationship – subthemes: strength of relationship, social inclusion versus social exclusion, opportunity to build relationship, and interest in building relationship, (3) supporter's factors – subthemes: similarity of life experiences, relevancy and practicality of supporter's knowledge or experience, supporter's obtrusiveness, sensitivity to parent's needs, quality of parenting support, and affirmation of parent's goals or interest, and (4) parent's personal factors – subthemes: guilt, fear, reciprocal support, and social comparison. Each of these subthemes explained the factors that

had influenced parents in their support-seeking, -acceptance or -rejection decisions. Results showed that parents had sought, accepted or rejected support rendered by social contacts belonging to the four support sources, namely the informal support source (e.g. family members, spouse or partner, friends and colleagues), semi-formal support source (e.g. other parents, support volunteers, staff members of their child's preschool, and members of the public), formal support source (e.g. professionals like doctors, healthcare workers, midwives, doctors, psychologists, counsellors, and others), or mixed support source (e.g. existing informal social contacts, newly acquainted semi-formal contacts or unfamiliar professionals who provide support via digital platforms or print media). The 19 subthemes represented the factors that had influenced or gave reason for their decisions and their rationales behind seeking, accepting or rejecting support from the various support sources.

Conclusion

Two main conclusions were drawn from the findings of this systematic review. Firstly, parents may seek or accept assistance or advice from various sources, while holding a preference for support rendered by social contacts of some sources, like their informal support sources of close kin and friends, more than others. Secondly, the factors that most crucially affect parents' support-seeking, support-acceptance or support-rejection decisions and behaviour vary from person to person. These factors may be dependent on the social support theoretical perspective, together with its relating models, that is implicitly endorsed by each parent. This endorsed theoretical perspective influences parents' purpose for seeking support and the expectations they hold towards those who offer support. Parents with positive support experiences of effective social supporters fulfilling the expected purposes may thus continue to gain social resources to cope with their challenges. Conversely, those with negative support experiences may resist seeking help from ineffective social supporters, continue to depend on their limited repertoire of skills and knowledge

to cope, and have higher risk of experiencing sustained high levels of stress and burnout that also encourage them towards the trajectory of developing psychological disorders.

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Chapter 1: Introduction

Parenting and teaching are two rewarding, but also highly demanding activities (Bloomfield et al., 2005; Davies & Harman, 2017; Drentea & Moren-Cross, 2005; Shen, 2009; Zinsser et al., 2019). The parental and teacher roles can therefore place parents and teachers at significant risk of experiencing heightened stress and burnout or developing mental health disorders (Ang & Loh, 2019; Benn et al., 2012; Crnic et al., 2005; Draper et al., 2009; Suárez & Baker, 1997). Especially for new parents and teachers who are transitioning into parenthood or entering the teaching service for the first time, they may have yet to acquire the right knowledge and be fully prepared for the increasing responsibilities that come with their new roles (Hogg & Worth, 2009; Mahmood, 2013; Schmiegel, 2015). The challenges faced during childrearing and teaching can thus easily overwhelm them. Unlike parents of older children, parents of younger children often have minimal breaks from their caregiving responsibilities (Ray & Ritchie, 1993; Winkworth, McArthur, Layton, & Thompson, 2010). Due to their children's age and rapid progression through different stages of development, parents may be both required and expected to give constant attention, but find it stressful to meet those changing demands of their young, growing children (Bloomfield et al., 2005; Davies & Harman, 2017; Stenhammar et al., 2012). Furthermore, in contrast to job-related burnout where individuals have the option of changing job role or scope to eliminate the stressors, responsible parents have to continue in their role as a parent and face the challenges of parenting on their own, even when they may desire to escape from them (Bloomfield et al., 2005; Leung, 2019; Lin & Ensel, 1989; Wells, 2017). Hence, this inability to escape from the demands of their role even momentarily, the lack of access to caregiving assistance and the constant receipt of negative reactions or blame from social contacts on account of their child's behaviour or their shortfall from others' expectation of a perfect parent, can all overwhelm exhausted parents (Adams et al., 2017; Ang & Loh, 2019; Cullen & Barlow, 2002; Keating-Lefler et al., 2004; Secco & Moffatt, 1994).

Likewise for teachers, long hours spent in classroom teaching and lesson preparation greatly limit their opportunities for respite and weaken their social relationships with others (Mahmood, 2013; Schmiegel, 2015; Shen, 2009; Wells, 2017). As teachers juggle their multiple roles, attend to various school activities and work at meeting the implicit and explicit expectations imposed by the school management, parents and other stakeholders, the lack of success in overcoming the challenges faced can cause them to experience elevated stress and doubt their competency (Mahmood, 2013; Schmiegel, 2015; Shen, 2009). These negative affect and self-evaluation may in turn cause them to favour emotional-coping strategies that do not always help in resolving their struggles. For instance, Richardson et al. (2013) found that beginning teachers who are at risk of burnout may resort to mentally reducing the importance of their job, exerting minimal effort and setting lower standards for given tasks and responsibilities, thereby further lowering their sense of competence. Similarly, the daily encounter of conflictual situations with students, as a result of students' display of behavioural problems, not only further reduces teachers' sense of self-efficacy, but also increases their reluctance to admit that they need help, for fear of the social stigma that may accompany such support requests (Ferguson et al., 2017; Lam, 2019). Consequently, parents and teachers may experience higher levels of stress and anxiety, develop lower levels of self-efficacy and encounter more sleep problems that eventually cause them to withdraw from their social circles and experience greater dissatisfaction with their life in general (Lam, 2019; Schmiegel, 2015). All these can, in turn, contribute to their more negative health and wellbeing, and higher risk of displaying depressive symptoms and suffering from psychological disorders. It may also lead to higher turnover of teachers (Lam, 2019; Wells, 2017).

Nevertheless, 'social support' is effective in buffering against the adverse effects, triggered by these daily- or frequently-occurring challenging events, and preventing parents and teachers from resorting to mental, emotional or behavioural disengagements (Cohen & Wills, 1985; Shen, 2009). Defined as tangible or intangible aid given by individuals' spouses or partners, extended family members, friends or other social contacts, such as professionals and paraprofessionals within

welfare or mental health agencies who have been formally arranged to give assistance, social support may be given in various forms (Armstrong et al., 2005; Beale et al., 2008; Cohen & Wills, 1985; House, 1981, as cited in Hamama et al., 2013; Lakey & Cohen, 2000; Lam, 2019). These include verbal affirmation, encouragement or feedback, sharing of relevant information and knowledge or tangible assistance. Receiving the support of others may provide parents and teachers with the resources needed to achieve better coping (Beale et al., 2008; Fram, 2005). For instance, receiving the tangible assistance of family members may give parents time to rest or free them from having to juggle multiple responsibilities concurrently (Attree, 2005; Fram, 2005). Similarly, receiving intangible verbal encouragements and affirmations from colleagues may help to engender a more positive evaluation of the challenging situations and of themselves, thereby encouraging teachers to seek out and adopt more effective strategies to handle the negative situations (Fram, 2005; Wells, 2017). Therefore, positive and helpful support from social companions (who belong to the four types of support sources) may assist parents and teachers in overcoming their struggles, alleviate their feelings of distress, increase their sense of self-efficacy, protect them from the risk of developing psychological disorders and help them to have a smoother transition into their new roles (Attree, 2005; Leahy-Warren et al., 2012, as cited in Davies & Harman, 2017; Fram, 2005; Wells, 2017).

Through various informal sources, parents and teachers may receive words of encouragement and affirmation from social companions like their close kin, friends and colleagues, who have a deep or established knowledge of them and their capabilities (Johnson et al., 2005; Miller & Sambell, 2003; Wells, 2017). Through the semi-formal sources, parents may gain other parents', support volunteers' or school support staff members' empathy and sharing of authentic experiences of overcoming similar challenges. The sharing of relevant knowledge and information helpful for handling their situations may also be provided by professionals, like healthcare workers and school principals, who belong to the formal support source (Johnson et al., 2005; Miller & Sambell, 2003; Wells, 2017). Besides these three sources, parents and teachers may also have access to a mixed source of social companions, who connect with them via virtual platforms and could

provide a variety of intangible forms of support (Drentea & Moren-Cross, 2005; Hall & Irvine, 2009; Strange et al., 2018).

However, though parents and teachers may have access to these four types of support sources and be offered support that can improve their coping, research studies have found that parents and teachers have either continued to feel unsupported or reported receiving only minimal support (Andrews et al., 2015; Bloomfield et al., 2005; Campbell-Grossman, Keating-Lefler, Yank, & Obafunwa, 2009). Johnson et al. (2005) revealed that having a substantial network of social companions does not naturally engender an awareness of their existence or dependence on them for support. Instead, parents who have been isolated from their social companions, due to long periods of staying at home to care for their young children, may become unaware that these sources of support exist (Bloomfield et al., 2005; Davies & Harman, 2017; Johnson et al., 2005). The long period of non-connection, thereby weakening their relationships with these social companions, also makes it difficult for parents and teachers and increases their hesitancy to request for these social companions' support, when circumstances arise (Andrews et al., 2015; Campbell-Grossman, Keating-Lefler, Yank, & Obafunwa, 2009). Others have also chosen to either not reach for support or to avoid some available support sources completely, for fear of the social stigma that accompanies seeking support or the feeling that receiving support requires them to surrender their parental or teacher role (Hogg et al., 2013; Johnson et al., 2005; Strange et al., 2018). Hence, to avoid having their social contacts interfering with their parenting or teaching practices and placing them under the constant pressure of living up to the expectations of others, these parents and teachers rejected even the support that has been offered to them. Yet, these may not be the only reasons why parents and teachers resist or reject seeking support, even when they needed and could most benefit from the social support received (Davies & Harman, 2017; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Considering the benefits of social support, researchers and practitioners should pay attention to the factors that may be encouraging or hindering parents and teachers from seeking or accepting support (Hogg & Worth, 2009; McLeish & Redshaw, 2015). Since

factors that are influencing parents' and teachers' access and utilisation of support may lie within themselves, the social supporters from the various support sources, or occur at a program level or environmental level, it is important to find out these factors or reasons that explain their non-access or lack of access (Häggman-Laitila & Pietilä, 2007; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Increasing the positive factors or decreasing those that are negative may help to encourage parents and teachers to seek and benefit from the support they receive (Lahey & Cohen, 2000).

Objectives of the Thesis

The primary purpose of this thesis is to acquire an in-depth understanding of parents' and teachers' rationale for accepting or rejecting support offered by their social companions. It also seeks to identify the social companions whom parents and teachers prefer to seek or receive support from and their reasons behind this preference for the support given by social companions who belonged to specific support sources. To achieve the aforementioned, a systematic review of qualitative studies been conducted. These qualitative studies recorded parents' and teachers' quotes containing descriptions of their support experiences. Underpinning these objectives are the following research questions:

- 1) Who do parents and teachers (caregivers) turn to and seek support from, when faced with role-related challenges, while caring for young children?
- 2) Why do caregivers choose to seek or refuse support from a support source?

The findings of this systematic review will help to identify the factors that have encouraged parents and teachers to seek support from some support sources, and those that hindered them from accepting support from others. These factors or rationales may serve as a guide for future researchers, practitioners, developers of support programmes, as well as social contacts who are concerned and interested to support parents and teachers. Gaining a comprehensive knowledge and understanding of these factors may help them to take more effective steps to promote factors that

encourage parents and teachers to seek support from them, and reduce or eliminate those that hinder parents and teachers from accepting support offers.

Organisation of the Thesis

This thesis is composed of six chapters. Table 1.1 summarises the structure of this thesis and gives an indicative list of the contents of each chapter. *Chapter 1*, the current chapter, provides a general introduction to the topic, as well as the objectives, research questions and structure of this thesis. *Chapter 2* is a review of past literature on social support and its impact on parents' and teachers' health and wellbeing and the relationship with their young children. Particularly, it provides a conceptual overview of the three perspectives of social support and their relating models, describes the factors that are negatively impacting parents' and teachers' health and wellbeing, and explains how support received from social contacts, belonging to the four types of support sources, contributes positively to parents' and teachers' overall health and wellbeing. These are followed by *Chapter 3*, which presents a description of the review's methodology. It describes the procedures that were involved in conducting systematic searches, the decisions that determined the selection of studies for inclusion, the instrument that was used to assess the quality of the selected studies, and the process of the thematic analysis conducted. *Chapter 4* reports the findings of this study, while *Chapter 5* opens a discussion on the key findings. *Chapter 6* concludes this review by discussing the implications of the findings, acknowledging the strengths and limitations of this study, and providing suggestions for future research.

Table 1.1

Structure of the Thesis and Contents of the Chapters

Chapter	Title	Contents of the Chapter
1	Introduction	<ul style="list-style-type: none"> • The background to this thesis • The primary purpose, objectives and research questions • Overall structure of this thesis

2	Literature Review	<ul style="list-style-type: none"> • Three perspectives of social support and their relating models, • Factors impacting parents' and teachers' health and wellbeing • Contribution of social support to parents' and teachers' health and wellbeing • Contribution of social support to parents' and teachers' relationships with their young children • Four types of support sources
3	Methodology	<ul style="list-style-type: none"> • Systematic search procedures • Criteria for inclusion and exclusion of studies • Instrument used for quality appraisal of the selected studies • Data extraction and synthesis, and thematic analysis procedures
4	Findings	<ul style="list-style-type: none"> • Description of the main themes and subthemes that were derived from the extracted data.
5	Discussion	<ul style="list-style-type: none"> • Discussion on the key findings
6	Conclusion	<ul style="list-style-type: none"> • Implications of the findings • Strengths and limitations of this thesis • Suggestions for future research

Chapter 2: Literature Review

Perspectives Relating to the Functions of Social Support

Social support is defined as the support given informally and voluntarily by family members, relatives and other social contacts, or formally and pre-arranged by professionals and paraprofessionals within mental health agencies and governmental welfare departments (Armstrong et al., 2005; Cohen & Wills, 1985; House, 1981, as cited in Hamama et al., 2013). Contingent on the existence and quality of social ties, social support may be provided by anyone belonging to one of the four types of support sources and presented in the form of mental and emotional encouragement, feedback, companionship, informational resources or tangible assistance (Hamama et al., 2013; Johnson et al., 2005; Kerksieck et al., 2019; Lin & Ensel, 1989). Support from close kin and friends belonging to the informal support source may appear in the form of verbal affirmations, while support volunteers from the semi-formal support source may offer tangible help during their visits (Attree, 2005; Beale et al., 2008; Campbell-Grossman, Keating-Lefler, Yank, & Obafunwa, 2009; McLeish & Redshaw, 2015). Caregivers may also receive informational resources and practical advice from healthcare professionals of the formal support source, or from other virtual social connections of the mixed support source (Drentea & Moren-Cross, 2005; Häggman-Laitila & Pietilä, 2007; Keating-Lefler et al., 2004; Strange et al., 2018). For parents and teachers involved in the caregiving of young children, especially children with developmental disabilities or challenging behaviour, the support given by others can make a significant difference in their caregiving quality as well as their parenting or teaching experiences (Heiman, 2002; Nunes et al., 2017).

During the first few years of development, young children go through multiple developmental and transitional changes, but possess limited language to clearly express their physical, mental, emotional and psychological needs to their caregivers (Cullen & Barlow, 2002; Salisch, 2001; Sigelman & Rider, 2012). Inexperienced parents and teachers may thus feel underprepared and unsuccessful in meeting their children's needs (Young et al., 1998). Even with

past positive experiences of childrearing or teaching, parents and teachers of young children may still struggle with the difficulty of establishing a routine while trying to fulfil their children's constant need for attention, their lack of ideas in knowing how to stimulate their children as they progress rapidly through various stages of development, and the pressure to meet the perceived or overtly-expressed expectations of others around them (Bloomfield et al., 2005). These struggles are further exacerbated for parents and teachers of children with special needs (Heiman, 2002). Parents and teachers may experience disappointment and blame themselves for not being able to sufficiently guide and help their children overcome their challenges and reach developmental milestones. All this, in addition to juggling multiple roles or responsibilities, can overwhelm parents and teachers, cause elevated stress, engender depressive symptoms and negatively impact their health and wellbeing (Ang & Loh, 2019; Ray & Ritchie, 1993; Shen, 2009). Hence, supportive advice and encouragement, sharing of relevant knowledge and information, and assistance from experienced significant others, friends or colleagues may help guide and equip parents and teachers with the skills and resources needed to cope with the challenges of parenting (Young et al., 1998). Though the social support received by parents and teachers may be characterised in terms of the actual enactment and receipt of support, or the perceived availability of it, there is an association between the two (Lakey & Cohen, 2000). These expressions of support, proffered by close or distant social ties, may influence the behavioural patterns, social cognitions or beliefs and values of the person seeking support (Farmer & Farmer, 1996, as cited in Lam, 2019). Three theoretical perspectives of social support may help to explain their links as well as how social support can affect individuals' coping to impact their health and wellbeing (Lakey & Cohen, 2000).

Stress and Coping Perspective

According to the *stress and coping perspective*, social support is both a social resource and a coping strategy that individuals can use to buffer against the adverse effects of stressful events (Cohen & Wills, 1985; Lakey & Cohen, 2000; Wills, 1991, as cited in Taylor & Stanton, 2007). As individuals set goals, they also form expectancies of how achievable and desirable these goals are

(Carver, 2007; Lakey & Cohen, 2000). These expectancies are influenced by individuals' dynamic and continuous assessment of their readiness and the sufficiency of resources to overcome the interferences that may deter them from pursuing their desired activities or goals, while conserving some resources for future challenges (Ang & Loh, 2019; Carver, 2007; Lazarus & Folkman, 1984, as cited in Ray & Ritchie, 1993). Those with a high level of confidence and self-efficacy, who believe that they have adequate resources and will succeed in attaining their goals, are more likely to generate positive affect as they adopt appropriate coping strategies to help them move towards their goals (Carver, 2007; Lakey & Cohen, 2000). Conversely, the foresight of obstacles and the judgement that the circumstances' demands far exceed the existing available resources may evoke doubts about goal attainment (Lakey & Cohen, 2000). Individuals who view these situations as threatening and experience negative affect and stress responses, as a result of their appraisal, may be tempted to consider avoiding the situations altogether (Lakey & Cohen, 2000).

Nevertheless, Carver and Scheier (2003) reminded that the total abandoning of desired goals or activities is often difficult, especially if the attainment of such goals adds value to the individuals' self-esteem or identity, and when no alternative and more achievable goals are perceived as present to bring similar values to the individuals (as cited in Carver, 2007). Therefore, receiving external social resources in the form of support provided by social contacts, at a crucial time when individuals' internal or personal resources may be lacking, may help to compensate for this shortfall in resources and encourage individuals to continue in their purposive actions (Kerksieck et al., 2019; Lakey & Cohen, 2000; Lin & Ensel, 1989). An optimal and effective stress-support match would either provide individuals with the additional and much-needed resources to cope successfully, or alter their beliefs and appraisals so they do not feel incapacitated to act on the stressors with the available coping resources (Lakey & Cohen, 2000; Bandura, 1993, as cited in Shen, 2009). For example, offering busy parents childcare assistance may effectively relieve parents of the stress relating to caregiving responsibilities and give them time away from their children to handle other activities and concerns that need their attention, without compromising on their children's welfare

(Ang & Loh, 2019; Cullen & Barlow, 2002). Emotional support, like verbal encouragement, may also remind individuals of their earlier achievements and strengthen their beliefs about their coping abilities (Hamama et al., 2013; Izzo et al., 2000). Moreover, learning effective coping strategies from support providers who have encountered similar situations and coped successfully, may remind them of their past positive coping experiences (Cullen & Barlow, 2002; Ray & Ritchie, 1993; Shen, 2009). Hence, receiving social support may indirectly help to enhance personal coping resources, like self-efficacy, resilience and optimism (Lakey & Cohen, 2000).

Additionally, different stages of stress management may require different coping strategies and resources (Shen, 2009). At an early stage of stress management, individuals may need greater emotional support to help them reduce their feelings of distress. Those who are at a later stage and have managed the negative effects of stress, such as their feelings of anxiety, may benefit more from informational support or tangible assistance that will help them to resolve the stressors (Biswas et al., 2015; Shen, 2009; Taylor & Stanton, 2007). The support offered by others may thus enable support recipients to adapt flexibly to the changing demands, as they can mobilise relevant external support that will combine effectively with their existing personal resources to help them manage or overcome the stressors, thereby enhancing their coping performance (Kassam, 2019; Kerksieck et al., 2019; Lakey & Cohen, 2000). House (1981) asserted that social support is most effective when it is given to individuals by others who are present in or have knowledge of the “situation or environment where the stressful experience occurs” (as cited in Hamama et al., 2013, p. 375). With the support received, individuals have greater capacity to adopt appropriate coping strategies or to increase coping efforts (Cohen & Wills, 1985; Izzo et al., 2000). For instance, individuals who are offered tangible or instrumental assistance, such as financial help, parenting assistance or expertise knowledge, may feel they have more energy, time, knowledge or means to adopt problem-focused coping strategies, to help them resolve the controllable stressors. On the other hand, in situations where the stressors are deemed uncontrollable, seeking and receiving emotional support may increase individuals' ability to manage their emotions and stress reactions, preventing them from

making negative behavioural adaptations that may bring long-term detriment to their health and wellbeing (Carver, 2007; Cohen & Wills, 1985; Izzo et al., 2000; Lakey & Cohen, 2000). Additionally, current access to support may impact future evaluations of challenging situations (Lakey & Cohen, 2000). Those who have had experiences of overcoming challenges with the support received are more likely to believe that they have the skills and abilities to elicit support from others, and trust their support providers to remain supportive and willing to render support in the future. These support schemata, in turn, lower the tendency to appraise situations encountered as threatening or unmanageable (Hamama et al., 2013). Therefore, social support can encourage more positive appraisal, even in stressful situations, and buffer the negative stress effects to prevent them from impacting the health and wellbeing of individuals (Cohen & Wills, 1985; Lakey & Cohen, 2000).

Social Constructionist Perspective

The *social constructionist perspective*, which encompasses social cognition and symbolic interactionism, offers a different explanation on how social support may impact individuals' health and wellbeing (Lakey & Cohen, 2000). Based on the social cognition premise, an individual's view of their social world is formed based on their perceptions and interpretations of their world, and may not be fully aligned with reality. Therefore, what constitutes supportive behaviour is highly subjective and dependent on the individual's views of those around them (Kelly, 1969, as cited in Lakey & Cohen, 2000).

Nonetheless, formed cognitions involving others' supportive behaviours can eventually become stable beliefs, causing those who had experiences of receiving support to believe others are also supportive (Lakey & Cohen, 2000; Pierce et al., 1996; Ryan & Solky, 1996). Consequently, they may pay more attention to people's supportive actions, readily detect supportive behaviour displayed and recall these support-receiving instances more easily than others. On the other hand, those with minimal, no or negative experiences may form memory biases. These memories biases of being rejected by or not receiving the desired support from others, when requests were made, may cause these individuals to form beliefs that others were and will continue to be unsupportive in their

behaviour (Lakey & Cohen, 2000; Pierce et al., 1996; Ryan & Solky, 1996). Some may even misread others' supportive behaviours as attempts to control their autonomy or lower their sense of competence, leading to the generation of more negative thoughts about others' personalities and behaviour, and about their relationship with them (Lakey et al., 1996, as cited in Lakey & Cohen, 2000; Ryan & Solky, 1996).

Since the symbolic interactionism premise highlighted that individuals assign meanings to what they observe or encounter, and social interactions with others can shape or alter these assigned meanings, negative social interactions with others can stimulate negative evaluations about the 'self' (Stryker, 1980, as cited in Lakey & Cohen, 2000; Lam, 2019). The lack of support from others signals that people are not willing to enhance their competence, support their autonomy or relate positively with them (Ryan & Solky, 1996). It also reflects that others are sceptical about their role performance (Lakey & Cohen, 2000; Lam, 2019). For individuals who are committed to or hold their life or job roles as important, such subjective unfavourable evaluations can lower their self-esteem and self-concept, and adversely affect their psychological wellbeing (Hiver et al., 2018). Hence, parents and teachers who struggled with managing or are blamed repeatedly for their children's challenging behaviour may eventually form doubts about their abilities to perform well in their roles as parents or teachers and develop physiological or psychological symptoms as a result of their high level of stress experienced (Cullen & Barlow, 2002; Filp, 1998; Šteh & Kalin, 2011). Despite this, considering that assigned meanings are volatile and can be altered with exposure to sufficient positive experiences, providing consistent support and ensuring that the expressions of support are autonomy-supportive and competence-enhancing may also change individuals' memory biases, increase their role performance, self-esteem and self-concept, and contribute to their health and wellbeing (Lakey & Cohen, 2000; Ryan & Solky, 1996).

Relationship Perspective

The *relationship perspective* suggests that receipt of social support reveals the strength of relationships, the quality of the relationship processes and the degree of social integration or

embeddedness (Lakey & Cohen, 2000; Taylor et al., 2015; Young & Kleist, 2010). Individuals who receive social support can be confident that they are not only accepted by others, but also valued to the extent that others are willing to share their limited resources with them (Hobfoll, 1989, 1998, as cited in Carver, 2007; Taylor et al., 2015). Additionally, the existence of social companions or peers suggests to the individuals that they are facing low social conflicts and possess the social skills to maintain social bonds or connections with others (Chung & Chen, 2018; Lakey & Cohen, 2000; Simões & Calheiros, 2019). This knowledge can, therefore, elevate self-esteem and self-concept, contribute to positive self-appraisal, promote active coping even when situations are evaluated as threatening or stressful, satisfy individuals' innate psychological needs for relatedness and competence, and engender positive emotions (Chung & Chen, 2018; Lakey & Cohen, 2000; Simões & Calheiros, 2019). Based on this perspective, the quantity and quality of the support received reflect both individuals' social integration and how well their basic, biological need for positive social relationship is met (Armstrong et al., 2005). Hence, social support is beneficial to their emotional and physical wellbeing, regardless of whether or not they are under stress.

With these three perspectives, we can justifiably postulate that those who receive social support should cope better and have better health and wellbeing than those who were offered limited or no social support (Cohen & Wills, 1985; Lakey & Cohen, 2000). The consensus among researchers has identified parents and teachers as two high-risk groups of people who are consistently sustaining high stress but inadequately supported by others around them (Ang & Loh, 2019; Shen, 2009; Spilt et al., 2011; Suárez & Baker, 1997). Instead of leaving them to cope with their challenges alone and only providing support, like administering interventions or treatments to them, after they have developed psychological disorders, finding ways to encourage them to seek or accept support consistently may produce more long-term, positive effects. Receiving ongoing support, even before they feel overwhelmed by their struggles, may help to sustain parents' and teachers' sense of self-efficacy and confidence, and promote greater in-depth self-reflection (Miller & Sambell, 2003; Spilt et al., 2011; Zinsser et al., 2019). It may also help them acquire better skills

from those who are more experienced in handling demanding situations, so these situations do not become unmanageable problems. Therefore, examining parents' and teachers' rationale behind accepting and refusing support becomes crucial (Keating-Lefler et al., 2004; Wells, 2017). Knowing these rationales may ensure that appropriate steps are taken promptly to promote factors that encourage their support-seeking or support-accepting behaviours and eliminate those that discourage them from seeking or accepting support (Fram, 2005; Keating-Lefler et al., 2004; Schmiegel, 2015; Wells, 2017). This can, in turn, beneficially prevent parents and teachers from succumbing to the detrimental effects of stress, thereby providing them with a more sustainable and financially cost-effective solution (Lee et al., 2011; Spilt et al., 2011).

Caregivers' Stress, Health and Wellbeing

Caregiver stress has been a widely researched topic (Benn et al., 2012; Crnic et al., 2005; Draper et al., 2009). Although caregivers are not restricted to biological parents, research studies show that parents and educators, who play the main caregiving roles at home and in educational institutions respectively, are often reported as people with the highest level of stress. This is especially the case for caregivers of very young children or children with special needs, including those who display challenging behaviours (Benn et al., 2012; Draper et al., 2009; Kelley, 1993).

Parents' Stress, Health and Wellbeing

Parental stress may arise due to factors within the child, personal characteristics or social environmental factors (Biswas et al., 2015). For instance, the forms, frequency and severity of children's challenging behaviour displayed were found to be significantly and positively correlated to maternal negative affect and mental health difficulties (Adams et al., 2017; Secco & Moffatt, 1994). Cullen and Barlow (2002) asserted that parents with younger children or of children with special needs may experience higher parental stress and a greater sense of helplessness. Unlike parents of older-age, typical-developing children who may receive intermittent breaks from caregiving duties, parents of pre-schoolers or children with mental health difficulties often have to provide more

constant attention to their highly dependent children (Ray & Ritchie, 1993). Additionally, situational factors like the lack of spousal support, the inability to provide equal care and attention to children of varying age or who are at different stages of development, and the mixed public reactions towards parenting practices displayed, or the lack of it, were all found to either elevate or sustain parents' negative affect (Ray & Ritchie, 1993).

Hence, exhausted parents, who have no or limited access to additional support, are required to undertake the sole responsibility of meeting their children's physical and psychological needs (Ang & Loh, 2019; Ray & Ritchie, 1993). Parent may feel both threatened and encumbered, leading to the adoption of fewer and more ineffective coping strategies, as caregiving responsibilities increase. This further exacerbates the stressfulness of child-rearing (Biswas et al., 2015). In an attempt to escape from the stressors or to conserve their limited time and energy, stressed-out parents may mentally withdraw from their children and physically distance themselves from friends who lack understanding of what the family is going through, as these family friends often give inappropriate advice or blame them for their children's behaviour (Cullen & Barlow, 2002; Hobfoll, 1989, as cited in Hamama et al., 2013; Sivberg, 2002). Nevertheless, while such active avoidance coping may help caregivers to reduce their feelings of distress momentarily, the deterioration of their social network also creates an increasing sense of social isolation (Adams et al., 2017; Sivberg, 2002).

As parents become more isolated from their social network, while encountering repeated failures in their attempts to cope with the familial situations or to improve their family's quality of life, they may begin to feel pressured, frustrated and guilty (Adams et al., 2017; Cullen & Barlow, 2002; Sivberg, 2002). Those who are overwhelmed and unable to cope independently may resort to self-blame and self-deprecation. Believing that they are inadequate as parents, some may confine themselves to their homes and withdraw from employment or social activities, while others may develop unhelpful thinking patterns that habitually catastrophise the severity of every negative situation (Biswas et al., 2015; Cullen & Barlow, 2002). This, in turn, negatively affects the marital

relationship as well as the relationships between parents and children. In a study conducted with 203 parents of primary school-age children, Ang and Loh (2019) found that the interaction between a high level of stress and the adoption of active avoidance coping accounted for 73% of the variance in fathers' depression levels and 80% in mothers' depression levels. Adams et al. (2017) explained that these avoidance coping strategies, like denying the existence of their children's conditions or using alcohol and drugs to provide a temporary mental escape, do not resolve the existing stressors. Instead, they often create other problems such as negative health outcomes, poor medical regimen adherence, lowered self-esteem and increased self-criticism, when parents realised they have failed to improve the familial situations (Adams et al., 2017; Taylor & Stanton, 2007). Hence, parental functioning can be affected when their health and wellbeing are affected. Those who spend large amounts of their time with their children and have little time for themselves, other family members, or to fulfil other commitments may sustain and experience greater stress and more negative impact on their mental health outcomes (Ang & Loh, 2019).

Teachers' Stress, Health and Wellbeing

Likewise, research studies on teachers have revealed that the professional teaching characteristics, like long hours, multiple diverse roles and frequent handling of children's challenging behaviour, have placed teachers as a 'high stressed group', whose health and wellbeing is frequently at a status that is lower than that of the general population (Shen, 2009; Zinsser et al., 2019). The direct encounter with challenging disciplinary behaviour of students was found to be the main source and creates the highest level of stress for teachers (Hamama et al., 2013). Moreover, the implicit expectation imposed by parents and the school management on teachers to help children adjust, learn, achieve and progress successfully through their academic journey also places tremendous pressure on teachers (Lam, 2019; Zinsser et al., 2019). Zinsser et al. (2019) reported in their study conducted with 124 preschool teachers, that those who experienced greater stress in handling children's challenging behaviour also had fewer types of interpersonal support. For instance, these teachers were not assigned an in-class behavioural aide, had limited opportunity to

consult mental health professionals and were not given professional development opportunities to enhance their own social and emotional competencies. Instead, they were expected to guide and work with children who display social or emotional difficulties, concurrently with those who do not, and fulfil their obligation of equipping their class of children for their competitive world (Lam, 2019; Zinsser et al., 2019). Consequently, teachers often compromise their time relating with the children in favour of teaching time (Lam, 2019). Long hours spent in classroom teaching, school activities and lesson preparation also cause shrinkage in their wider social network and a consequent weakening of relationships (Lam, 2019; Nunes et al., 2017). The perceived social stigma further deters teachers from discussing their stress with anyone who is not in the same profession, making it difficult for others to offer the appropriate support they need (Ferguson et al., 2017).

Consequently, in the face of authentic conflictual situations and with limited external support, teachers spontaneously apply more restrictive responses to curb children's challenging behaviour, despite knowing that they prefer more helpful ones when these situations are presented hypothetically (Almog & Shechtman, 2007). Unfortunately, restrictive responses frequently bring only a short-term cessation of the challenging behaviour but a long-term strain on the parent-teacher and teacher-child relationships. Parents who perceive the teacher as harsh and incapable of meeting their children's needs may become more reluctant to support the teachers, while children may devise other or more extreme defence mechanisms to divert attention away from their disabilities or to signal a need for their teacher's attention (Almog & Shechtman, 2007).

For teachers who highly value and hold building positive teacher-student relationships as an important goal, these negative interpersonal experiences with students not only affect their emotional regulation, teaching practices, health and wellbeing, but also become the teachers' internal mental representational models (Spilt et al., 2011). These models are subsequently used to generate beliefs and feelings about themselves and their self-esteem, perceptions about their professionalism, and biases about their relationships with students, parents and others.

Furthermore, the time and attention required to manage children's behaviour, the inability to fulfil their teaching role and give equal amounts of attention to both children with and without challenging behaviour, or to protect the latter group from being physically harmed by the former group of children, can all reduce teachers' sense of self-efficacy (Zinsser et al., 2019). Mash et al. (2006) corroborated that this is especially true for pre-kindergarten teachers, whose efficacy beliefs are dependent on their degree of closeness with the students (as cited in Spilt et al., 2011). The intrinsic rewards that teachers obtain through their close relationships with students are reduced when the teacher-child relationship is characterised as distant, disrespectful or conflictual (Hiver et al., 2018; Spilt et al., 2011). Therefore, teachers' basic need for competence is affected by their perceived negative role performance and lower self-efficacy, their need for relatedness is thwarted by their negative relationships with children and parents and their weakened relationships with others, and their need for autonomy is restricted by the school's organisational constraints and parental expectations (Drolet et al., 2007; Deci & Ryan, 1985, 1991, as cited in Ryan & Solky, 1996; Simões & Calheiros, 2019; Spilt et al., 2011; Zinsser et al., 2019). Teachers who constantly experience long periods of emotional and occupational stressors, like those mentioned above, may eventually suffer burnout (Bermejo-Toro et al., 2016, as cited in Simões & Calheiros, 2019).

Contribution of Social Support to Parents' and Teachers' Health and Wellbeing

Considering that both parents and teachers play influential roles in the lives of children, the above raises questions as to what can be done to improve parents' and teachers' coping and their health and wellbeing (Ryan & Solky, 1996; Walker, 2008). While eliminating all the risk factors that are negatively affecting parents and teachers may be impossible, increasing the protective factors surrounding parents and teachers may be one way of helping them, since an increase of negative affect does not cause a concurrent reduction in positive emotions (Hamama et al., 2013; Bronfenbrenner, 2005 as cited in Lam, 2019). Additionally, individuals experience stress or appraise their situations as stressful only when they perceive their existing resources as insufficient to cope

with the demands of the situation (Lazarus & Folkman, 1984, as cited in Ray & Ritchie, 1993). This perception leaves them feeling powerless to act on the stressors (Bandura, 1993, as cited in Shen, 2009). Social support may thus hold the important key to providing the important coping resources that parents and teachers need to successfully alter their manner of coping (Ray & Ritchie, 1993).

Research by Cullen and Barlow (2002) revealed that parents who attended a parent support group reported gaining useful strategies and information from other parents. These parents also recognised their need for support and felt they could change to their family routines after gaining knowledge, love and strength from other parents (Cullen & Barlow, 2002). The support given by others provided the physically exhausted and emotionally overwhelmed parents with the respite that they need to recuperate and replenish the lost resources (Tieje et al., 1990, as cited in Ang & Loh, 2019; Lee et al., 2011). For instance, the information provided by their social networks can help parents bolster their capabilities and reinforce attitudes and behaviour that promote positive parenting, while tangible resources received may help parents overcome childrearing difficulties or financial hardships (Lee et al., 2011). Among all these, receiving spousal support and having the confidence that such support would continue to exist exerted the greatest influence on caregivers' parenting style and children's externalising behaviour (Secco & Moffatt, 1994; Suárez & Baker, 1997).

General social support provided by extended family members and friends also moderated the parent-child interaction and relationship, and helpfully minimised parental stress, especially when spousal support is lacking or non-existent (Szykula et al., 1991, as cited in Suárez & Baker, 1997). Hobfoll (1989) reminded that individuals mobilise resources to help them offset ongoing challenges or improve their conditions (as cited in Zaidman-Zait et al., 2017). Success in overcoming the threats of a stressor capacitates individuals with a sense of controllability, thereby lowering their anxiety and enabling them to maintain a positive outlook that contributes to their psychological wellbeing (Ang & Loh, 2019; Ray & Ritchie, 1993; Zaidman-Zait et al., 2017). Hence, social support acts as a form of coping resource which parents can access to alleviate, moderate or reduce their

vulnerability, making them more resilient to the adverse effects of stressful situations (Armstrong et al., 2005).

For the same reasons, teachers who were aware of their need for support and sought it within and outside their workplace also performed better in their role (Ferguson et al., 2017; Shen, 2009; Zinsser et al., 2019). With the resources provided by their social supporters, these teachers could engage in more in-depth reflection and cognitive reframing to help them correct their internalised negative affect, perceptual biases and automatic stress responses (Ferguson et al., 2017; Shen, 2009; Spilt et al., 2011; Zinsser et al., 2019). These, in turn, prevented them from adopting responses that escalate students' behavioural problems and lower their own wellbeing and job satisfaction. On the other hand, those who receive insufficient support frequently form inflated perceptions of students' challenging behaviour and report experiencing symptoms of burnout, as their appraisals inform them that they do not possess sufficient coping resources to handle the adverse events (Spilt et al., 2011).

In their study comparing teachers in Chicago who have and have not requested expulsion of preschool students, Zinsser et al. (2019) observed that the latter group was more willing to persevere in managing students' challenging behaviour. These teachers acknowledged experiencing lower levels of stress as they had actively sought and received support from the school management, colleagues and paraprofessionals in the school as well as others within their wider social network. Supervisory and collegial support not only engendered feelings of staff cohesion, belongingness and positive affect, the act of rendering support also demonstrated that the organisation cared and was ready to assist the teachers in solving problems and achieving success at work (Hamama et al., 2013; Zinsser et al., 2019). Teachers can thus feel more confident and are less likely to succumb to the negative stress effects triggered by challenging situations, as they know that their work colleagues will provide the resources needed to control these work situations (Greenglass et al., 1997, as cited in Hamama et al., 2013). Social support also ensures that teachers can manage their stress and do not compromise on their health and wellbeing while taking time to acquire more

effective coping strategies appropriate for the situations they are in (Hamama et al., 2013). Ferguson et al. (2017) affirmed that those who are good at managing stress tend to have social support as one of the coping resources.

Besides buffering the adverse effects of stress, the receipt of social support also informs individuals how well they are integrated and accepted by their social community (Armstrong et al., 2005; Kaplan et al., 1977; Nunes et al., 2017). This further contributes to their sense of belonging and may have an impact on their role performance. As parents and teachers interact with and receive encouragement and positive feedback from a group of like-minded individuals, their senses of self-worth and self-efficacy are enhanced by the positive verbal affirmations received (Hamama et al., 2013; Izzo et al., 2000). The knowledge that they have built quality relationships with these like-minded individuals, who show willingness and readiness to lend support when required, also helped to fulfil parents' and teachers' psychological need for relatedness and connectedness with others (Deci & Ryan, 2000, 2012, as cited in Hiver et al., 2018).

Lam (2019) reminded that a colleague's or supervisor's offer of information not only provides a teacher with informational support, it also conveys to the teacher that the colleague cares and is willing to offer support in a way that will help him or her feel more confident in the role. In this way, the teacher's needs for autonomy, competence and relatedness are effectively met (Spilt et al., 2011). Meeting these needs can, in turn, promote intrinsic work motivation, job satisfaction and overall wellbeing. Similarly, social support given to new parents will enable them to adjust more confidently and successfully into their new role (Lam, 2019). These social support exchanges will also shape individuals' behavioural patterns by influencing their social cognition and values (Gottlieb & Bergen, 2010; Farmer & Farmer, 1996, as cited in Lam, 2019). Those who received social support gain confidence, form support schemata of others' supportive behaviour and will expect to receive the support they need when they seek for it, while those who failed to receive social support often continue to live in anxiety and anticipation of social rejection (Lam, 2019; Pierce et al., 1996). Recipients may also reciprocate the support received by offering similar or other types of support to

their support providers or others in need of social support, thereby achieving a sense of competence, increasing their self-esteem and self-efficacy, and enlarging their social capital (Fram, 2003; Lam, 2019). Therefore, just as quality social relationships between individuals motivate one to provide social support to another, receiving and reciprocating support can strengthen existing relationships or lead to an expansion of social networks (Lam, 2019; Ryan & Solky, 1996).

Receiving social support reveals to individuals how they are perceived by others and, in turn, affects their perceptions of themselves, their self-esteem and self-efficacy, and the supportiveness of others (Gottlieb & Bergen, 2010). Chung and Chen (2018) conducted a study with 584 elementary teachers and discovered that teachers who received and provided social support had higher self-efficacy for creative teaching. Receiving appropriate support from colleagues, after sharing about their disappointments and failures, enabled these teachers to feel safe within the work environment, remain confident about their abilities and learn effective strategies that led to their desired teaching outcomes (Chung & Chen, 2018). Though the number of social relationships individuals possess neither confirms the existence nor the type, quantity or quality of social support provided by others, the actual receipt of social support informs the individuals that they are accepted by their social contacts (Cohen & Wills, 1985; Pierce et al., 1996; Ryan & Solky, 1996). This can, in turn, contribute to the psychological wellbeing and health of the individuals.

A greater number of affiliations also gives individuals the option of terminating unsatisfying ones or curtailing the negative effects produced by unsatisfying relationships, when these are combined with the positive impacts engendered by edifying ones (Kaplan et al., 1977). Conversely, low social support suggests low human capital and a lack of access to socially embedded resources that are important for improving living conditions and parenting or teaching practices (Fram, 2003). A significant correlation was also found to exist between marginalised individuals alienated from their intimate social groups, or encountering withdrawal of support from significant others, and their development of depressive symptoms, diseases and illnesses (Kaplan et al., 1977). Thus, White and Hastings (2004) warned that parents who have and depend on limited social support sources are

more vulnerable. Their health and wellbeing may be easily compromised when their limited sources of social support are threatened. The lack of support, and consequently the limited access to resources, makes it difficult for caregivers to respond promptly to their children's emerging needs (Fram, 2003). Ryan and Solky (1996) explained that a lack of social relationships also conveys to the individuals that others are unsupportive of their autonomy, disregard their feelings of agency and freedom, and are unconcerned with acknowledging who they are as individuals. Thus, reduction in social relationships or interactions increases one's sense of insecurity, especially in ambiguous situations where the presence of others is crucial in reducing anxiety, guiding appropriate reactions and maintaining individuals' autonomy (Kaplan et al., 1977). On the other hand, genuine, personal connections with others help to eliminate feelings of loneliness (Ryan & Solky, 1996). Support providers' love and care, communicated through support giving, also help to bolster recipients' self-concept and prevent them from ascribing to themselves negative attributes that undermine their psychological wellbeing (Pierce et al., 1996). Despite the significant absence of research studies that examine the causal relationships between social support and other constructs, the above findings support the stress and coping, social constructionist, and relationship perspectives (Cohen & Wills, 1985; Lakey & Cohen, 2000; Taylor et al., 2015). They also clearly explain the importance of social support on caregivers' health and wellbeing (Lakey & Cohen, 2000; Lam, 2019).

Caregivers' Health and Wellbeing and their Relationship with their Children

While it may seem that the impact of social support is limited to the health and wellbeing of caregivers, multiple research studies found that the effect goes beyond and can significantly influence the relationships between caregivers and their children in various ways (Almog & Shechtman, 2007; Ferguson et al., 2017; Secco & Moffatt, 1994; Simões & Calheiros, 2019; Sivberg, 2002).

Ray and Ritchie (1993) reminded that parents' and teachers' coping capacity will affect their ability to provide an environment conducive to their children's development. When caregivers feel

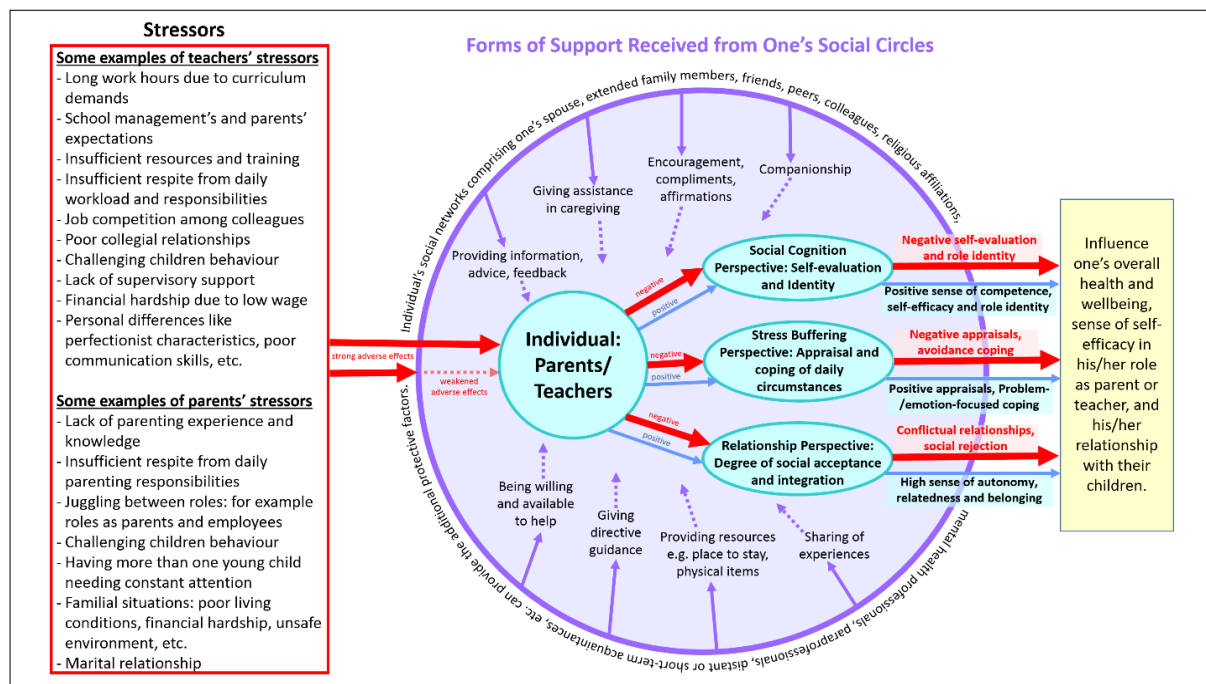
burdened and overwhelmed by the demands of their role, they are less likely to provide emotionally supportive reactions to the children (Zinsser et al., 2019). This can affect children's social and emotional development, as these caregivers not only fail to assist them in emotion regulation, they also fail to model effective ways of managing negative affect that triggers problematic behaviour. Consequently, some parents and teachers may inconsistently or spontaneously apply more authoritarian practices like issuing threats and punishments, ignoring and refusing to reward prosocial behaviour or withholding privileges, without any attempt to explain or impart skills to help children acquire alternative behaviour (Almog & Shechtman, 2007; Armstrong et al., 2005; Barnas, 2000; Bernstein, 2013; Walker, 2008). Others may become highly permissive and fail to set limits and monitor their children's actions.

Since research studies show that there is a bidirectional influence between caregivers' functioning and children's behaviour, social support may help to strengthen caregivers' capacity, thereby enabling them to maintain greater responsiveness and warmth in their interactions with the children (Lee et al., 2011; Suárez & Baker, 1997). Additionally, as caregivers become more effective, with the social support received, they may be more inclined to adopt an authoritative, rather than authoritarian or permissive, style of parenting or teaching (Armstrong et al., 2005; Barnas, 2000; Bernstein, 2013; Walker, 2008). The exertion of both parental warmth and control in the authoritative style ensures that children continue to receive their caregivers' affection while being required to meet the expectations set and regulated for their behaviour (Izzo et al., 2000; Taylor et al., 2015). Weinraub and Wolf (1983) observed that caregivers who receive more social support tend to be more nurturing and can suitably exercise control without stripping their children's sense of autonomy or competence (as cited in Izzo et al., 2000). The use of more autonomy-supportive and agency-validating parenting and teaching practices may, in turn, enhance children's attachment to their caregivers and improve the dyadic relationship (Spilt et al., 2011). Therefore, social support may effectively moderate the relationship between parents' and teachers' health and wellbeing and their relationships with the children (Taylor et al., 2015). Figure 2.1 depicts the three perspectives of

social support and how receiving or not receiving social support can influence parents' and teachers' coping and, in turn, impact their health and wellbeing as well as their relationship with children.

Figure 2.1

Conceptual Model of the Three Perspectives of Social Support



Note. According to the three perspectives of social support, individuals within an environment may encounter various stressors. These stressors may produce strong adverse effects that can directly and negatively impact individuals' evaluations of themselves, their identity, their appraisals of the situations, the coping strategies they adopt and their sense of belonging (red arrows). Nevertheless, the different forms of support (purple arrows) given by others within these individuals' social circles of affiliations may successfully mitigate and protect them from the unavoidable adverse effects of the stressors (dotted red arrows). Support received in the form of shared knowledge, information and past experience, encouragements and affirmations, tangible assistance or provision of resources, and companionship may increase individuals' positive self-evaluations, strengthen their sense of self-efficacy and identity in the roles that they perform, help them to more accurately appraise their situations and the available resources, enable them to adopt more effective coping strategies and enhance their sense of wellbeing, when they feel a sense of belonging and socially accepted by those around them (blue arrows). Their improved health and wellbeing may, in turn, affect their relationships with others around them, like their children.

Figure 2.1 is constructed by the primary author of this review.

Four Support Sources Accessible by Parents and Teachers

Nevertheless, possessing a comprehensive knowledge of the benefits of social support may, alone, still be insufficient to guarantee or motivate caregivers to seek support, even when they needed it (Lee et al., 2011; Miller & Sambell, 2003; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Past negative experiences or a lack of awareness that support sources exist can all become reasons for caregivers to decline support or be unsuccessful in their search for support (Attree, 2005; Johnson et al., 2005; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Additionally, Johnson et al. (2005) reminded that parents can have a substantial social network of contacts but still lose awareness of their existence when they feel socially isolated. Therefore, it is important to ensure that caregivers not only have access to a range of social supporters but also realise how various factors influence them from seeking support (Attree, 2005; Hildebrandt & Ford, 2009). Social supporters, likewise, need to recognise the reasons behind caregivers' support-seeking or support-rejecting behaviour, so they can actively work to contribute to the reasons that motivate them to take actions and reduce, if not eliminate, those that hinder them from seeking support (Hogg & Worth, 2009).

Caregivers may have access to four types of support sources (Johnson et al., 2005). Within the *informal support source*, casual but often intimate social contacts such as family member, spouse or partners, friends, neighbours and colleagues constitute the core and first group caregivers may approach for support (Campbell-Grossman, Keating-Lefler, & Heusinkvelt, 2009; Davies & Harman, 2017). Due to the depth of relationships, frequent contacts or past positive support experiences, caregivers are aware of their existence and confident that these social contacts will be willing or compelled to provide the appropriate support (Fram, 2005). Despite so, various personal and environmental factors, such as negative associations, accessibility and financial hardship, may make these informal social contacts a less efficient or preferred support source for some caregivers (Attree, 2005; Keating-Lefler et al., 2004; Leung, 2019; Winkworth, McArthur, Layton, Thomson, &

Wilson, 2010). For others, the risk of wearing out these important relationships with repeat support demands or fear of social judgement may cause caregivers to resist making support requests (Leung, 2019; Winkworth, McArthur, Layton, & Thompson, 2010). Hence, only those who still possess a strong desire to overcome their challenges definitively, may be motivated to explore alternative support sources and seek the support of those with more experiences, knowledge or effective solutions relating to resolving their challenges (Campbell-Grossman, Keating-Lefler, Yank, & Obafunwa, 2009; Crowley & Curenton, 2011; Hall & Irvine, 2009). These caregivers may thus request for informational as well as emotional support from those who comprise their semi-formal or formal networks of contacts.

For parents, social contacts belonging to the *semi-formal support source* may include other parents whom they have met via organised interest groups and school, support volunteers and teachers or staff members of their children's schools, while those within the teachers' semi-formal social network may consist of parents of students, school counsellors as well as the school management and other school's support staff members (Beale et al., 2008; Fram, 2005; McLeish & Redshaw, 2015; Schmiegel, 2015; Wells, 2017). Caregivers may also seek the professional support of psychologists, counsellors, doctors and healthcare workers, who comprise members of their *formal support source* (Campbell-Grossman, Keating-Lefler, Yank, & Obafunwa, 2009). Besides these, the proliferation of digital platforms and print media has also enabled caregivers to seek support from a group of virtual social contacts (Alamiyah, 2020; Hall & Irvine, 2009). Although social contacts on these platforms may comprise a mixture of existing informal social contacts, newly acquainted semi-formal contacts, as well as unacquainted professionals or experts, this *mixed support source* allows parents to gather informational and intangible emotional support through the stories, tips or advice shared by these social supporters, who are virtually but also perceived as constantly present to give support (Alamiyah, 2020; Drentea & Moren-Cross, 2005; Fletcher & StGeorge, 2011).

Three Models of Support Expectations

Despite having access to four sources of support, the limited time or energy caregivers with young children have, rarely permit them to seek support from all four sources concurrently (Ang & Loh, 2019; Hamilton & White, 2010; Jenkins & Coker, 2010; Ray & Ritchie, 1993). Instead, the choice of support source and the perceived effectiveness of the support given are frequently influenced by caregivers' purpose for seeking support and their conception of the social supporter's role (Cosson & Graham, 2012; Fletcher & StGeorge, 2011; Miller & Sambell, 2003). Miller and Sambell (2003) corroborated that caregivers, particularly parents, perceive support as fulfilling or following one of the three models. In the *dispensing model*, caregivers perceive support as sought or given for the purpose of helping them to overcome their challenges. Consequently, social supporters should be knowledgeable professionals or individuals who are able to dispense clear, directive expert advice. Their respect for and the lack of relationship with these expert individuals made it easy for caregivers to disregard their personal feelings and thoughts, and to rely fully on the expert supporters for information and guidance. On the other hand, caregivers adopting the *relating model* believe support involves "validating them in their role" (Miller & Sambell, 2003, p. 37). Having an established caregiver-supporter relationship becomes the key to providing effective support that is empathic and non-judgemental. Social supporters must therefore offer time and attention to allow caregivers to communicate their thoughts and feelings, take interest in and care for them as a person, assure them of their ability to cope and affirm them for the effort made. Lastly, those endorsing the *reflecting model* desire to observe a combination of two aforementioned models' elements in their social supporters. To these caregivers, support is rendered both for the purpose of education and to affirm them in their decisions, as these caregivers want to be autonomous, independent problem solvers. Hence, social supporters are expected to provide caregivers with the required information or knowledge, to help them understand their situations, reflect upon the effectiveness of the actions already taken and make calculated decisions on the next course of

action. Social supporters are therefore critical friends who stimulate and facilitate caregivers in their decision-making process, not dictators who remove their autonomy and determine their actions (Miller & Sambell, 2003)

Social supporters who are able to offer support in the manner expected, or in accordance with the models endorsed by the caregivers they are supporting, will be regarded as effective (Miller & Sambell, 2003). The positive perception derived from these effective support experiences may, in turn, motivate caregivers to seek their support again, when they are faced with similar or new challenges. Conversely, those who failed to meet the caregivers' expectations are seen as ineffective and may likely discourage caregivers from considering them as a support source (Miller & Sambell, 2003).

Though it seems straightforward that the successful fulfilment of caregivers' expectations will engender subsequent or repeated support-seeking behaviour, Miller and Sambell (2003) warned that the process may be less than simple. Some caregivers may choose to adopt different models at different stages of parenthood or teaching service, while others may endorse more than one model simultaneously, depending on the contexts and who is providing them with the support needed (Bloomfield et al., 2005; Hogg & Worth, 2009; Miller & Sambell, 2003). For instance, at an early stage of parenthood, new or young parents may encounter multiple challenges and experience a sudden lost sense of self-identity that significantly lower their confidence, elevate their self-doubt and lead to a sense of inadequacy (Cullen & Barlow, 2002; Hogg & Worth, 2009). Receiving the support of social contacts who are willing to listen and relate, give assurance, validate their effort and help these parents feel confident again in their role, may be the most crucial and effective way of supporting them (Donetto & Maben, 2015; Jose et al., 2019; Miller & Sambell, 2003). Once they have overcome their anxieties or regained sufficient confidence, these parents may then be ready to receive the support of social contacts who are willing to dispense parenting skills or techniques, or help them to reflect on their parenting practices to determine what needs to be changed (Crowley & Curenton, 2011; Miller & Sambell, 2003). Other parents, on the other hand, may seek out emotional

support and informational support at the same time, from two different sources (Campbell-Grossman, Keating-Lefler, Yank, & Obafunwa, 2009; Miller & Sambell, 2003). Hence, towards healthcare professionals, these caregivers may expect to receive expert advice and be told explicitly what they should do to overcome their challenges (Drentea & Moren-Cross, 2005; Häggman-Laitila & Pietilä, 2007). However, towards family members and spouse or partner, they may treasure the opportunities to share their feelings and thoughts and receive validations from these close kin (Leung, 2019; McLeish & Redshaw, 2015; Miller & Sambell, 2003). Hence, social supporters may need to have an accurate understanding of the caregivers' expectations, before any support provided may be deemed as effective (Miller & Sambell, 2003).

With the growing demand for 21st century caregivers to be involved and responsive to their young children's needs, examining the rationale behind these caregivers' acceptance or rejection of support may also bear a similar growing importance, since caregivers' ability to cope can directly impact their health and wellbeing, as well as their children's development (Ang & Loh, 2019; Nomaguchi & Milkie, 2020; Ray & Ritchie, 1993; Zinsser et al., 2019). Steps need to be taken to ensure that parents and teachers do not compromise their personal need for support, while being held accountable for meeting their children's needs and ensuring their holistic development (Bloomfield et al., 2005; Davies & Harman, 2017; Nomaguchi & Milkie, 2020). Additionally, since very little research has been conducted on this topic and no systematic review on the available literature has been found to exist, this systematic review is both important and necessary. Findings from this review may help to reveal some commonality in the reasons given by caregivers and increase the little knowledge researchers and practitioners have about parents' and teachers' underlying reasons for not actively reaching out for support, even when they have access to various sources of social supporters and organised support programmes. Focusing on the research studies conducted in the last two decades and gathering the qualitative responses of these caregivers may provide a glimpse of their views on social support and how it has influenced their ability to cope with the caregiving demands. Results of this systematic review may also reveal caregivers' commonly adopted models or

existing expectations surrounding support, and highlight whether these expectations are influenced by the characteristics of the support source or by caregivers' personal characteristics (Leung, 2019; Miller & Sambell, 2003). Additionally, the results may suggest ways of encouraging caregivers to seek support and concurrently prepare social supporters to meet the caregivers' expectations, pertaining to the manner in which support is rendered (Hogg & Worth, 2009; Miller & Sambell, 2003; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

Therefore, this systematic review aims to answer the following research questions:

1. Who do parents and teachers (caregivers) turn to and seek support from, when faced with role-related challenges, while caring for young children?
2. Why do caregivers choose to seek or refuse support from a support source?

Chapter 3: Methodology

This chapter presents a systematic review of the list of qualitative literature that was selected, synthesised and analysed to gain more in-depth understanding of parents' and teachers' (caregivers) support sources and their reasons for favouring or instinctively choosing to seek support from certain sources over others. Therefore, this review seeks to answer the following research questions:

1. Who do caregivers turn to and seek support from, when faced with role-related challenges, while caring for young children?
2. Why do caregivers choose to seek or refuse support from a support source?

Adhering to the guidelines outlined in the 'Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P)' statement (Shamseer et al., 2015), this review documents the steps and decisions that were made after careful consideration by the primary author and in consultation with the primary author's supervisor, Dr Cara Swit. Steps were taken to determine (a) the databases for conducting the systematic search, (b) the list of search terms and publication period, (c) the eligibility criteria for inclusion and exclusion of studies, (d) the assessment tool for appraising the quality of the studies, and (e) the thematic analysis procedures. Descriptions of these steps and the decisions made are provided in the following sections of this chapter. Following the well-established guidelines of the PRISMA-P helped to ensure methodological rigor and detailed descriptions of the procedures were recorded to allow future replication of the same systematic review. Further, the methodology outlined in this review could serve as a guide to other reviews that may be conducted, especially those which have a similar focus or topic of interest.

Information Sources and Search Procedures

A systematic search was conducted in three electronic databases, namely ERIC, Scopus, as well as EBSCOhost, which accesses a range of psychology databases like PsyINFO, PsyARTICLES and Psychology and Behavioral Sciences Collection. A separate internet search on Google Scholar search

engine was also conducted to locate literature which had not been picked up during the initial database searches. The same list of search terms and phrases was used during both systematic searches (see Table 3.1). Search terms were grouped into two categories and included the following terms or phrases:

Table 3.1

List of Search Terms and Phrases Used for Conducting Systematic Search

Category Focus	List of Search Terms
(A) Support	'community services', 'parental support', 'support', 'playgroups', 'counsellor', 'psychologist', 'social support', 'social connectedness', 'social network', 'neighbour', 'peer support', 'welfare services', 'formal support', 'informal support', 'support source', friends', 'family', 'parent teacher relationship', and 'principal'
(B1) Parents	'parent', 'parenting', 'coparenting', 'mother', 'father', 'sole parent', 'step parent', 'single parent', 'foster parent', 'adoptive parent', and 'grandparent'
(B2) Teachers	'teacher', 'educator', 'elementary teacher', 'early childhood teacher', preschool teacher, peer tutor', 'kindergarten teacher', and 'new entrant teacher'

Note. This table records the list of search terms and phrases used for conducting systematic search in ERIC, Scopus, EBSCOhost, and Google Scholar search engine. Search terms in category A were combined with one of the lists of search terms in category B (B1 or B2) during each systematic search.

The 'OR' operator was used within each category of search terms to ensure that the resulting records contained any of the terms or phrases in the list, while the 'AND' operator was used to combine the list of terms in Category A with those in Category B to provide articles related to 'support' and 'caregivers'. The study type was confined to qualitative or mixed-method research studies that were published between the years 2000 and 2020 inclusive, and conducted using interviews, focus groups or mixed-methods. Restrictions set on the year of publications ensured that the studies identified constituted those that were published within the last two decades. This generated a list of journal articles, peer reviews, dissertations and books for further review. The

reference lists of each source were further examined to identify and retrieve additional relevant articles.

Eligibility Criteria

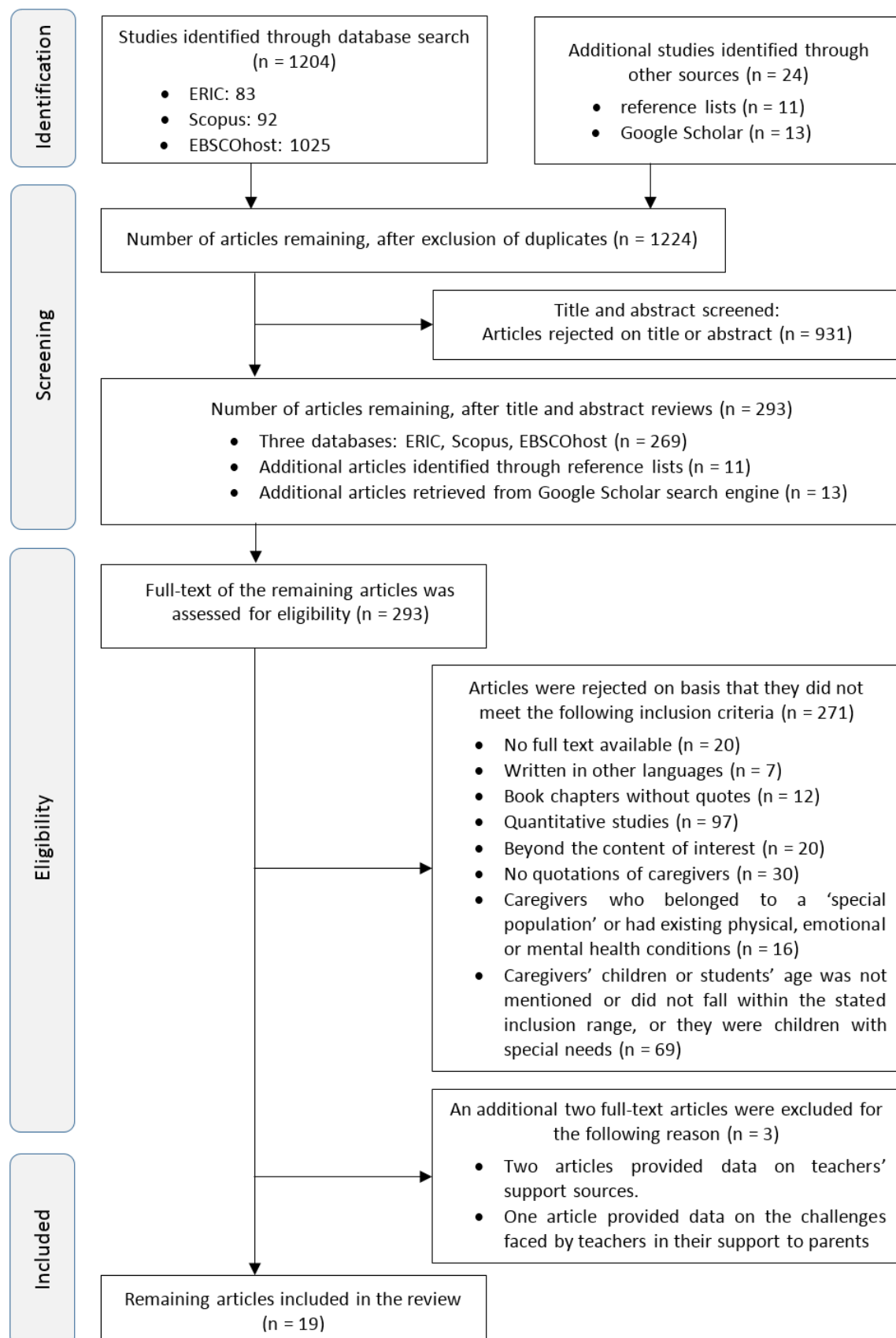
Studies that met the inclusion criteria and were deemed as eligible for this systematic review were included for synthesis and further thematic analysis. The inclusion criteria set for this review included: (a) studies used either qualitative measures or mixed-method inquiries; (b) selected literature contained quotes of parents or teachers that were gathered through interviews, focus groups or open-ended, free-response questions; (c) the quotes were presented in journal articles, peer-reviews, dissertations or books; (d) the full text of the selected literature was both accessible and presented in the English language; (e) interviewed participants (parents, teachers or other caregivers of young children) must not belong to a special population of caregivers (for example, refugees, homosexuals, transgenders, bereaved caregivers, homeless, under domestic violence protection) nor have been formally diagnosed as having physical, emotional or mental health-related disorders; (f) at least 70 percent of the participants in each study were parents with at least one typically developing child who was between the ages of 1 to 5, or early childhood teachers who were teaching typically-developing preschool-age children or preschool-age children who have not been formally diagnosed with mental-health related or developmental disorders; (g) the quotes contained descriptions of participants' support source or their reasons for seeking or rejecting support from one or more support sources. Books without records of parents' or teachers' quotes, unpublished literature and those which did not meet the abovementioned criteria were excluded from this review.

Search Results and Study Selection

Figure 3.1 provides an overview and the results of the search procedure that was conducted for this study. The initial search of the three databases produced 1204 studies and an additional 11 studies that were identified by looking at the titles recorded in the reference lists of these articles.

Searches made through 'Google Scholar' identified a further 13 articles that were deemed as 'possibly relevant', based on the titles and abstracts of these articles. Of the 1228 studies, 4 were removed as duplicates and another 931 studies were excluded as their title or abstract did not meet the abovementioned inclusion criteria. Screening of titles and abstracts was done concurrently as only a few studies were written directly on the topic of interest or had 'support source' as a key phrase within the titles. Hence, key word or phrase searches were first conducted on the title, before the abstract was read to determine whether each study's content was relevant to the topic of interest. This concurrent screening of title and abstract therefore helped to prevent studies with seemingly irrelevant titles but containing some relevant data from being rejected. Of the remaining 293 studies, 20 studies' full text was unavailable online, nor were they successfully sourced, within the period of this study, through means like requesting from the authors via the university library support services ([criterion \(d\) unmet](#)). 12 studies were books that did not contain any quotes of parents or teachers ([criterion \(c\) unmet](#)) and seven studies were written in other languages with no English-translated version available ([criterion \(d\) unmet](#)). These studies were thus excluded before more in-depth assessment was carried out for the remaining 242 studies, to further assess their eligibility for inclusion. Detailed assessment included identifying the research methods, the characteristics of the studies' participants and the age of their children or students and reading the quotes for content relating to caregivers' support sources or their reasons for choosing a support source. The assessment resulted in the removal of 97 quantitative studies ([criterion \(a\) unmet](#)) and 20 studies with contents that were beyond the topic of interest ([criterion \(g\) unmet](#)). Some of these 20 studies were on contents such as adoption process, support programme training for volunteers, or racial identity due to mixed marriages. They were thus rejected on the grounds that the focus of the studies was irrelevant to the research focus of this review. Besides these, 30 studies that failed to record any quotes of parents, other caregivers or teachers ([criterion \(b\) unmet](#)) and 16 studies that interviewed caregivers who belonged to one of the 'special populations' ([criterion \(e\) unmet](#)) were also removed. Of the remaining studies, 69 were rejected as the age of caregivers' children was

not within the age range stated in the inclusion criteria or had omitted mentioning the age of the caregivers' children or students ([criterion \(c\) unmet](#)) altogether. Although 22 studies met all the inclusion criteria, only 19 studies were included in this review. Two of the studies were excluded as they were the only studies that provided data on teachers' support sources. The amount of data contributed by these two studies was neither sufficient in providing a comprehensive overview on teachers' support experiences, nor were they adequately capturing the range of reasons that may explain teachers' choice of support source. A third study was also excluded on the grounds that it focused on the challenges faced by teachers in providing support to or gaining support from parents and only gathered quotes of teachers during the study. Even though this study may suggest possible reasons behind parents' justifications of schools as an effective or ineffective support source, the data of this study may be biased or unreflective of parents' actual reasons for choosing schools, particularly the teachers and other school support staff members, as a support source. Hence, the following 19 studies included in the final review represent parents' support sources and their reasons for seeking, accepting or rejecting support rendered by social contacts of these support sources.

Figure 3.1*PRISMA Flow Diagram Depicting the Screening and Selection Procedures*

Appraising the Quality of Studies

The 19 studies that met the inclusion criteria underwent two rounds of quality appraisal, first by the primary author of this review, followed by the supervisor of the primary author, to ensure that these studies adopted methodologies that were sufficiently rigorous, thereby contributing to their overall quality. This 'overall quality' reflected a study's degree of explicitness in the description and comprehensiveness in the reporting. Employing two independent raters and achieving a high inter-rater reliability also gives raters the confidence that the studies were appraised objectively and accurately. The 32-item Consolidated Criteria for Reporting Qualitative Research (COREQ; Tong et al., 2007) was employed as the appraisal tool for assessing the quality of the 19 studies' because 90 percent of the studies ($n = 17$) were qualitative research studies that had collected data via individual or focus group interviews. The COREQ checklist was designed to improve the study design and quality of reports for qualitative health or health-related research, such as psychological studies, that commonly adopted in-depth interviews and focus groups as the methods for data collection (Tong et al., 2007). Hence, the COREQ checklist was considered the most appropriate tool for assessing the comprehensiveness of reports and the overall quality of studies included for this review.

The 32 items of the COREQ checklist assess qualitative research studies on three main domains, namely 'research team and reflexivity', 'study design' and 'analysis and findings'. Each of the domains and the quality indicators of each domain are listed in Table 3.2.

Table 3.2

COREQ Checklist Domains and Quality Indicators

Domain 1: Research team and reflexivity	No. of items
1. Personal characteristics	5
2. Relationship with participants	3
Domain 2: Study Design	No. of items
1. Theoretical framework	1

2. Participant selection	4
3. Setting	3
4. Data collection	7
Domain 3: Analysis and findings	No. of items
1. Data analysis	5
2. Reporting	4

Note. Descriptions of the criteria under each quality indicator are provided in Appendix A.

Due to subjectivity in the interpretations of the 32 items and a lack of explanations and examples given by the checklist developers, the primary author carried out extensive discussion with her supervisor on the COREQ checklist items. The primary author also made attempts to contact the developers of the COREQ checklist to request examples and advice on the specificity of description required for the rating and point system awarded for the complete or partial fulfilment of each item. Though both raters concurred that items relating to the research, like items on data collection, analysis and reporting, should be weighted as more important in contributing to the overall quality of a study than general items, such as items on the researchers' personal characteristics, no single item was weighted more than other items of the checklist. Instead, the helpful advice given by the COREQ developers contributed to the decisions made on the descriptions' degree of specificity and the point system. Thus, the primary author, in consultation with her supervisor, created a standardised point system for the items in each domain (see Appendix B). This process was used to minimise rater biases and increase inter-rater reliability.

A study was awarded '1' point for every item which the authors had completely fulfilled and where they had reported the required information, a '0.5' point if an item was partially fulfilled or reported, or awarded '0' point if the authors failed to fulfil or report the required information. An overall score was subsequently tabulated for each study, to determine the overall quality of the study. Inter-rater reliability score between the primary author and her supervisor was high. Of the 19 studies, one study was deemed as high quality (scoring between 22 to 32 points), 18 studies were

deemed as moderate quality (scoring between 11 to 21.5 points) and no studies were deemed as low quality (scoring between 0 to 10.5 points). Appendix C shows the itemised scores as well as the overall tabulated scores for all studies included in this review (see Appendix D for more detail on the locations in each study where the criteria were met).

Data Extraction and Synthesis

Considering the uniqueness of the topic of interest and the limitation that very few qualitative studies were focused on accessing all four types of parents' support sources; informal, semi-formal, formal and mixed sources, data were extracted on the basis that the quotes contained at least one identifiable support source or the interviewed parent gave reasons for preferring or rejecting support from the support sources mentioned. The descriptive Table 3.3 provides an overview of the studies' (a) methodology, (b) method of data collection, (c) participants characteristics, and (d) types of support source cited.

Table 3.3

Research Studies' Methodological Details and the Sources of Support Identified

	Study	Methodology	*Data collection methods	Participant Characteristics		**Support source type
				Parent participants	Children's age	
1	Premberg et al., 2008	Qualitative	II & FG	10 fathers	12 to 14 months	Informal, semi-formal & formal
2	Hamilton & White, 2010	Qualitative	II & FG	21 mothers 19 fathers	Below 5 years	Informal & semi-formal
3	Jenkins & Coker, 2010	Qualitative	II & PI	7 mothers 2 fathers (2 dyads)	9 weeks to 4 years	Informal, semi-formal & formal
4	Winkworth, McArthur, Layton, & Thompson, 2010	Mixed method	Open-ended questions	55 mothers	Below 5 years	Informal & formal
5	Cosson & Graham, 2012	Qualitative	FG	27 fathers	3 years and below	Informal, semi-formal & formal
6	Kearney & Fulbrook, 2012	Qualitative	II & FG	12 mothers	0 to 18 months	Semi-formal & formal

7	Stenhammar et al., 2012	Qualitative	FG	25 mothers 5 fathers	4 years	Informal, semi-formal & formal
8	Hogg et al., 2013	Qualitative	FG	19 mothers	6 months to 3 years, 1 unborn	Informal, semi-formal, formal & mixed
9	Lee et al., 2013	Qualitative	FG	39 fathers	0 to adult age 0 to 3 years (68%)	Informal & mixed
10	Hjälmhult et al., 2014	Qualitative	II & FG	18 mothers 3 fathers	8 to 15 months	Semi-formal & formal
11	Donetto & Maben, 2015	Qualitative	II & FG	42 mothers 2 fathers	0 to 5 years	Informal, semi-formal & formal
12	Jose et al., 2019	Qualitative	FG	21 mothers 3 fathers	7 years and below	Informal, semi-formal & formal
13	Bloomfield et al., 2005	Qualitative	FG	26 mothers	6 years and below	Informal, semi-formal & mixed
14	Hogg & Worth, 2009	Qualitative	II, PI & FG	43 mothers 10 fathers (9 dyads)	Approximately 2.5 years	Informal, semi-formal & formal
15	Strange et al., 2018	Mixed method	Open-ended questions	487 parents (gender unknown)	0 to 5 years	Mixed
16	Andrews et al., 2015	Qualitative	II	20 parents (gender unknown)	Preschool age	Informal & semi-formal
17	McLeish & Redshaw, 2015	Qualitative	II	42 mothers (1 grandmother)	5 years or below	Informal, semi-formal & formal
18	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010	Qualitative	II	20 parents (gender unknown)	Majority 4 years and below (4 are older than 4 years)	Informal, semi-formal & formal
19	Davies & Harman, 2017	Qualitative	II	10 mothers	0 to 5 years	Informal & semi-formal

Note. * FG – Focus groups; II – Individual interview; PI – Paired Interview

** Informal source – comprise family members, spouse/partner, friends, neighbours, and colleagues.

Semi-formal source – comprise other parents, support volunteers, school teachers or preschool staff members.

Formal source – comprise professionals such as healthcare workers, midwives, health nurses, doctors, psychologists, counsellor, staff of support or welfare organisations.

Mixed source – comprise print media (books, parenting magazines and any written material), acquaintances met via digital platforms.

To conduct a rigorous synthesis and thematic analysis of the extracted data, the primary author adhered to the six-phase approach, asserted by Nowell et al. (2017) as the necessary steps in ensuring that the data are decontextualized, recontextualised and coded systematically to increase the credibility or trustworthiness of the analysis process and the judgments made on themes created. Table 3.4 summarises the steps in each of the six phases undertaken by the primary author to ensure the trustworthiness of the analysis and the validity of the themes and subthemes generated.

Table 3.4

Steps Involved in the Six-Phase Approach to Thematic Analysis

Phases of Thematic Analysis	Means of Establishing Trustworthiness Undertaken by the Primary Author
Phase 1: Familiarizing yourself with your data	<ul style="list-style-type: none"> Engaged with the data for prolonged period of time through repeated reading (see Appendix E for the extracted raw data) Coded each datum extracted line-by-line to fully extract the content and meaning. Kept a reflexive journal to record pre-existing beliefs, biases, interpretations and patterns or meaning observed during the process.
Phase 2: Generating initial codes	<ul style="list-style-type: none"> Generated a list of 45 codes with the help of observations and interpretations recorded in phase 1. Defined each code to ensure they possessed explicit boundaries (see Appendix G for the definitions of codes) Conducted researcher triangulation with the primary author's supervisor, who carried out independent analysis on the extracted data Held discussions with the primary author's supervisors on the codes generated and their definitions. Refined the codes' definitions and eliminated five redundant codes.
Phase 3: Searching for themes	<ul style="list-style-type: none"> Gathered codes that were closely related to form major themes and those that were marginally relevant to form subthemes Housed the remaining codes that did not fit into a theme titled "miscellaneous", so further reviews may be conducted. Created five hierarchical diagrams to visually present the relationships among themes and subthemes (see Appendix H) Conducted discussions with the primary author's supervisor on the accuracy and appropriateness of the themes and subthemes, as well as the codes subsumed under them.
Phase 4: Reviewing themes	<ul style="list-style-type: none"> Re-read the extracted data to determine if the data evidently and accurately reflect the themes or subthemes. Refined the codes' definitions and eliminated themes like 'support experiences' and 'miscellaneous' by reassigning the codes subsumed under them to other themes. Removed two codes that did not have sufficient data.

	<ul style="list-style-type: none"> • Reorganised codes and renamed themes and subthemes (see Appendix J) - For example, added the code titled 'quality of caregiving' to 'conflicting parenting practices' and 'implementing consistent discipline'. The subtheme 'parenting practices', which subsumed only the latter two codes, was renamed as 'quality of parenting support' to encompass all three codes. • Tested for referential adequacy by returning to the extracted data and reassigning them to the themes or subthemes created. • Sought the primary author's supervisor's help to vet all themes and subthemes. • Held discussions with the primary author's supervisor on the appropriateness and accuracy of the themes and subthemes.
Phase 5: Defining and naming themes	<ul style="list-style-type: none"> • Reviewed the themes' and subthemes' names to ensure they give readers a clear sense of the phenomena that will be described. • Sought the primary author's supervisor's help to vet all themes' and subthemes' names and definitions.
Phase 6: Producing the report	<ul style="list-style-type: none"> • Reported the findings by drawing on the data extracted, summarising patterns observed and giving interpretations or explanation to these patterns.

Note. More detailed description of each phase is provided in Appendix F.

Thematic analysis is both an important and useful method of handling the data extracted for this systematic review (Nowell et al., 2017; Thomas & Harden, 2008). It allows the primary author to thoroughly examine varied groups of parents' perspectives, observe the similarities and differences in the data extracted. Hence, the primary author may gain insights that might not have been discovered by researchers who were working with a single, homogenous group of participants or with participants at a specific time or context (Nowell et al., 2017; Thomas & Harden, 2008). While some studies adopted a deductive approach where a codebook is created using existing theories or prior research conducted on the topic of interest before the commencement of data analysis, this review adopted an inductive approach to the thematic analysis (Nowell et al., 2017). The data extracted were examined and coded line-by-line to ensure that the content and meaning of each quote were fully captured by one or more codes (Thomas & Harden, 2008). All codes were therefore derived from the data and uninfluenced by the primary author's analytic preconceptions or theoretical interest (Nowell et al., 2017). All extracted raw data, generated codes, codes' definitions,

and a table summarising the themes, subthemes and their assigned data are provided in Appendices E, G and I respectively.

The six-phase approach also helped to overcome the incongruity, as warned by Holloway and Todres (2003), that often arises while developing themes from extracted research data (as cited in Nowell et al., 2017). Steps undertaken during the six phases ensured that agreements between both reviewers were achieved during the analysis process, generation of codes and formulation of themes and subthemes, and towards any interpretations made (Nowell et al., 2017; Thomas & Harden, 2008). Hence, working with the primary author's supervisor as a co-reviewer, in conjunction with the above steps undertaken by the primary author, and achieving consensus between the two reviewers all helped to enhance the rigour of the thematic synthesis.

Chapter 4: Findings

Synthesis of the Findings

Summarised in Table 3.1 are the four main themes and 19 subthemes that were derived from the final list of 40 codes. Each of these main themes and subthemes represents factors that influenced parents' decision to seek or accept support from different sources and/or their reasons for preferring particular support offered by the support sources mentioned.

Table 4.1

List of Themes and Subthemes

Themes	Subthemes	*Coverage (n = 19)
1. Accessibility	1.1 Distance - 1.2 Time 1.3 Availability 1.4 Information	4 (21.1%) 5 (26.3%) 6 (31.6%) 10 (52.6%)
1. Relationship	1.1 Strength of relationship 1.2 Social inclusion vs Social exclusion 1.3 Opportunity to build relationship 1.4 Interest in building relationship	8 (42.1%) 5 (26.3%) 6 (31.6%) 4 (21.1%)
2. Supporter's factors	2.1 Similarity of life experiences 2.2 Relevancy and practicality of supporter's knowledge or experience 2.3 Supporter's obtrusiveness 2.4 Sensitivity to parent's needs 2.5 Quality of parenting support 2.6 Affirmation of parent's goals or interests	12 (63.2%) 15 (78.9%) 4 (21.1%) 12 (42.1%) 4 (21.1%) 7 (36.8%)
3. Parent's personal factors	3.1 Guilt 3.2 Fear 3.3 Expectations on support 3.4 Reciprocal support 3.5 Social comparison	2 (10.5%) 11 (57.9%) 6 (31.6%) 5 (26.3%) 3 (15.8%)

Note. The above list of themes and subthemes was derived from the 40 codes that were identified through the extracted data.

*Coverage – Quantity and percentage of the included studies providing data relating to the subtheme.

The first theme '*accessibility*' reveals parents' choice of support sources as one that is influenced by the degree to which parents were able to reach these sources of support with ease.

Subsumed under this theme are four subthemes, namely 'distance', 'time', 'availability and 'information'. Each of these factors may act as an enabler that encourages parents to continually seek or accept support from the support source, or as a barrier to repeat support-seeking behaviour.

The second theme '*relationship*' illustrates the way in which parents' depth of relationship with their social supporters can affect who they seek or prefer to receive support from. Within this main theme are four subthemes, 'depth of relationship', 'social inclusion vs social exclusion', 'opportunities to build relationship' and 'interest in building relationship'. Each of these suggests that the parent-social supporter relationship can exist on a spectrum. At one end of the spectrum, the decisions to seek support and the choice of support source made by parents who have strong relationships with their social supporters, feel socially included by them, or have multiple opportunities to build relationship or possess high interest in building new relationships, will likely be different from those who are at the opposite end of the spectrum for each of these factors.

The third theme, '*supporter's factors*', highlights factors within the social supporters that may encourage or hinder a parent's desire to seek support from them. Under this theme are six subthemes, namely 'similarity of life experiences', 'relevancy and practicality of supporter's knowledge or experience', 'supporter's obtrusiveness', 'sensitivity to parent's needs', 'quality of parenting support' and 'affirmation of parent's personal goals or interests'. Social supporters who possess the positive features of one or more of these factors tend to increase parents' willingness to seek support from them, while those who possess the negative features of these factors may hinder parents' support-seeking desire.

The fourth theme, '*parent's personal factors*', discloses factors within the parents that are influencing their behaviours or preference of support sources. Subsumed under this theme are five subthemes: 'guilt', 'fear', 'expectation on support', 'views on reciprocal support' and 'social comparison'. These factors not only work to determine who they accept support from but also whether they would seek support even when they needed it.

Theme 1: Accessibility

This theme reviews the social contacts parents prefer to receive support from and factors that influence their choice. According to the findings, parents' choice is influenced by the physical proximity between them and the available social supporters, and the perception that the selected social supporters can provide timely and appropriate assistance or help needed, without requiring parents to exert significant effort to reach them. These four factors, described individually as four subthemes, may thus affect their choice and require them to accept support from other social supporters, even if these social supporters are not individuals from their preferred support source.

Subtheme 1.1: Distance. In three of the included studies, parents expressed and acknowledged a strong preference for family members to be the ones supporting them in their journey of parenthood (Bloomfield et al., 2005; Davies & Harman, 2017; Hogg & Worth, 2009). However, this might not always be possible for parents who had relocated themselves and were no longer staying within the same locality as their family members (Davies & Harman, 2017). This physical distance that separated parents from their familiar and preferred supporters, such as family members, close friends or any other people whom they had always depended on previously, hindered them from receiving support effortlessly. Hence, the distance became a significant barrier that disallowed them from seeking support from the usual sources. Parents therefore experienced a reduced sense of support and a concurrent increase of feelings of stress and isolation when they were separated from these systems of support (Bloomfield et al., 2005; Hogg & Worth, 2009). The above interpretations were supported by the following quotes from parents:

“When my sister had her babies, everybody popped around all the time, would take them for a walk and stuff. But I didn’t have anybody like that, I’ve never really. It’s never bothered me before that I miss me [sic] family, until I had him. I still feel isolated sometimes....” (Hogg & Worth, 2009, p. 33)

“Honestly, my biggest challenge is not being with my family. For me, a woman wants to have that guardian angel beside them, which is mainly their mother.I’m so close to my mother

anyway that for the smallest thing I'm like "Mum what do I do?"" (Davies & Harman, 2017, p. 281)

"I haven't got no parents near... Sometimes I find it very, very difficult, very stressful."
(Bloomfield et al., 2005, p. 50)

As seen in the first quote below, although some parents held a constant yearning to relocate close to family members and seek their support again, others recognised that neighbours could become a helpful support source, especially when they were caught in an unexpected situation and required immediate help (Andrews et al., 2015; Hogg & Worth, 2009). During such times, desiring support from previously preferred support sources of family members and acquaintances who were now located far from them would seem inefficient and ineffective (Davies & Harman, 2017). Additionally, past positive experiences of seeking help from neighbours and being provided help, encouraged parents to consider seeking and accepting their support again, when unanticipated needs arose (Andrews et al., 2015). Hence, this physical proximity promoted neighbours as a better source of support than distant family members. This was supported by the latter two quotes below:

".... I keep saying I want to go back and live near me mum." (Hogg & Worth, 2009, p. 33)

"I can go and ask any of my neighbours and say look I'm going away in two days, just unexpected, (and I'm talking [about] all of them not just one person), 'Oh you don't mind getting the mail for me, or can you feed my tomatoes, you know what I mean or take my bins out?" (Andrews et al., 2015, p. 43).

".... And like now if I run out of milk I'll just run over there... You know it actually quite clichéd but we've actually borrowed sugar and stuff off each other." (Andrews et al., 2015, p. 45)

Nevertheless, for parents who have moved into a new community and have yet to form relationships with any neighbours, the idea of seeking support from unfamiliar people can still be daunting (Andrews et al., 2015). Findings from the study conducted by Strange et al. (2018) revealed that parents felt safer to return to their existing social contacts, connect with them virtually and seek

other forms of support, when tangible assistance could not be obtained locally. Concurrently, they attempted reaching out to other parents who were also available virtually and willing to offer other forms of support, like parenting advice and encouragements to try out new parenting techniques, that were not adequately met by their existing social contacts. Hence, compared to parents who were physically distanced and isolated from their families and friends and had no means of overcoming their geographical boundaries, those who stayed connected with their existing social contacts, with the help of the internet, while trying to build new virtual or authentic relationships locally, felt more supported. Unlike the former group, these parents could garner different forms of support simultaneously and had greater resources to cope with the challenges of parenting and life in general. This also made seeking support from a variety of sources, rather than from one single support source, a preferred choice of parents (Strange et al., 2018).

“We live on the other side of the world from our families, so things like email and Facebook are great ways to stay in touch with people who sleep while we are awake and vice-versa.”
(Strange et al., 2018, p. 172)

“When moving to a new country where you know nobody with two pre-school children it is very hard to meet people and the websites and mothers’ groups I joined online have built into some amazing friendships.” (Strange et al., 2018, p. 171)

“I am in an online mothers’ group from all over Australia...and their support and advice has been invaluable... I have met four of the 20 ladies and catch up with two of them regularly.”
(Strange et al., 2018, p. 170)

Subtheme 1.2: Time. The second element influencing parents’ support-seeking or support-acceptance decisions involves the factor of ‘time’. This is both in terms of the duration for which such assistance or support is given and whether support is offered to them when they needed it. Although none of the studies reported parents receiving support from their informal support sources for only a limited duration, parents in the study conducted by Davies and Harman (2017) described the difficulty of seeking support from family members who were living in a different country and

observing a different time zone. Consequently, parents were unable to seek immediate support, even if they only needed intangible help, like encouragement and advice. This made it difficult for family members to remain as the main or sole source of support, even if parents preferred the support offered by them (Davies & Harman, 2017).

“Honestly, my biggest challenge is not being with my family. ...I’m so close to my mother anyway that for the smallest thing I’m like “Mum what do I do?” but I have to do “oh no, it’s eight hours’ time difference” ...I can’t just ring...so that is extremely hard.” (Davies & Harman, 2017, p. 281)

To overcome this challenge, parents stayed connected with their existing social contacts via social media and digital platforms such as Facebook and email (Strange et al., 2018). Though they could not depend on these geographically distant social contacts to provide support that was immediately needed, they were still able to seek non-urgent support and look forward to receiving this during their waking hours, even if family members were asleep by then.

“We live on the other side of the world from our families, so things like email and Facebook are great ways to stay in touch with people who sleep while we are awake and vice-versa.” (Strange et al., 2018, p. 172)

On the other hand, parents who had previously received support from their semi-formal contacts, like peer supporters or volunteers, had reported different experiences (McLeish & Redshaw, 2015). While most parents were supported by volunteers who neither placed a limit on the duration of assistance nor the time at which support was received, a few parents had experienced frustration due to such limitations. Despite desiring to receive greater frequency of support, the awareness that the supporters were volunteers deterred these parents from requesting it as they believed they did not have the right to demand more support. Thus, parents who needed more support, but were reluctant to make such seemingly unreasonable demands, felt ineffectively supported, even when they had received some forms of support from the volunteers (McLeish &

Redshaw, 2015). These differences in the support experiences with volunteers were described by parents in the following quotes:

“Like if I need to ask her [the volunteer] something, I’ll just ring her up and I’ll be like, “Can you talk?” and make an appointment and she’ll come to see you soon.” (McLeish & Redshaw, 2015, p. 7)

“[The volunteer] is like my mum. Seriously, she [has] been like a mum to me.I can meet her whenever I want...” (McLeish & Redshaw, 2015, p. 8)

“[The volunteer] would just suggest, “Oh when shall we meet again, in about four weeks?” and so it didn’t make me feel like I could say, “Actually...” I’m aware she’s a volunteer, you don’t want to take up too much time. (It would be better if there was) more frequency, maybe more regular time slot...then you don’t need to worry about you asking too much.” (McLeish & Redshaw, 2015, p. 7)

Likewise, parents with experiences of seeking support from formal contacts reported similar mixed feelings towards professionals who had offered limited but appropriate support (Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). This caused some parents to form negative impressions of formal social supporters, such as professional midwives, doctors and healthcare workers, deeming them as having insufficient time to understand parents’ situations and needs, even if they were the most qualified to provide professional support and advice (McLeish & Redshaw, 2015). Additionally, the frequently long waiting time before any tangible help could be received, increased parents’ reluctance to seek support from professionals (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Hence, although few parents had positive encounters with professional social supporters, the negative reports frequently outweighed the positive ones, thereby causing parents to form negative recollections or perceptions and prefer not to seek support from formal sources (McLeish & Redshaw, 2015; Kearney & Fulbrook, 2012; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

"If I want to get some professional suggestions I should contact GP or midwife, but they don't have enough time to understand ... your situation personally. ..." (McLeish & Redshaw, 2015, p. 11)

"I waited 50 minutes and I told them (person behind the desk)...is someone going to put another dollar in my meter or what...because I made it pretty clear I wasn't happy to have to wait another 50 minutes... she just sat on the computer and said is everything still the same? I said yes... and she said... alright you can go and I'll do it myself [put money in the meter]." (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 440)

"...they [the nurses] don't feel the pressure... Yeah, so at least they're doing the right thing. And if you've still got more questions they will continue on offering more solutions, so I think that that's really good." (Kearney & Fulbrook, 2012, p. 12)

Instead, parents sought for parenting tips and advice, given by professionals or other parents, via books and parenting websites, as these sources could be accessed at their convenience (Bloomfield et al., 2005; Strange et al., 2018). Additionally, with freedom of accessing parenting websites at any time desired, parents developed a sense of assurance that their supporters were always present or support was often available. Hence, the following quotes showed how parents had access to informational support whenever it is needed:

"[You] can get on (online) at any time of day or night and look up info on parenting website...helpful tips and reassurance that others may be experiencing similar situation to you." (Strange et al., 2018, p. 170)

"It's instant and there all the time..." (Strange et al., 2018, p. 173)

Subtheme 1.3: Availability. Beside the abovementioned, some parents also have decided their choice of support source based on the perceived availability of their social supporters (Andrews et al., 2015; Hamilton & White, 2010). Frequently, informal social contacts like their family members, spouse or partner, friends and neighbours were the people they had and would depend on for support, as past experiences or established routines of receiving support from these close contacts

had informed parents of their availability and willingness to give support (Andrews et al., 2015; Hamilton & White, 2010).

“In terms of having a young family it’s amazing. You know people who will share drop offs at school or kinder, just that sense of, if you needed a backup you’ve got it. And I mean I have a lot of family back up but, I also know I could probably ring six or seven people who I feel if I needed other back up.” (Andrews et al., 2015, p. 43)

“He’ll [husband] start work late and look after the kids, do a little housework, so I can have my morning [exercise] session.” (Hamilton & White, 2010, p. 580)

Despite this, parents in three studies conceded that they were usually self-dependent and could not depend on family members for additional childrearing support, as these family members and spouses or partner had personal or work commitments that kept them busy and unavailable (Andrews et al., 2015; Bloomfield et al., 2005; Hamilton & White, 2010). The quotes below revealed those experiences of being self-reliant and receiving limited support:

“The child minding would be the big one, but obviously there’s only so much you can ask parents or family to do because they’ve got their lives as well.” (Hamilton & White, 2010, p. 580)

“Because I’m on my own, it’s having to do like the mum and the dad role, so it’s getting it all in one day. It’s shattering sometimes.” (Bloomfield et al., 2005, p. 50)

“So in terms of raising Ali it’s just me during the day and then my husband when he comes home from work... So during the weekday Monday to Friday, nine to six, I’ve got no one... which is tiring and it is hard.” (Andrews et al., 2015, p. 42)

On the other hand, parents of two of the studies expressed appreciation towards peer supporters and volunteers who made themselves available and actively supported them, upon their requests. To parents, supporters from these sources were like a close family member (McLeish & Redshaw, 2015).

"Like if I need to ask her something, I'll just ring her up and I'll be like, "Can you talk?" and make an appointment and she'll come to see you soon." (McLeish & Redshaw, 2015, p. 7)

"[The volunteer] is like my mum. Seriously, she [has] been like a mum to me. She is my friend, I can talk to her [about] whatever I want, I can meet her whenever I want... She is really friendly, she is patient, she will listen to you and I like everything about her." (McLeish & Redshaw, 2015, pp. 8-9)

Similarly, parents felt more supported when professional healthcare workers, whom they were seeking support from, made themselves available and took the time to attend to them or answer their questions (Kearney & Fulbrook, 2012). Compared to these parents, those who felt ignored by professional social supporters had expressed dissatisfactions and unhappiness towards them because of their unavailability or highly restricted availability (Hogg et al., 2013). Though these parents disagreed that their past parenting experiences had sufficiently prepared them for the current challenges, they believed the professionals' unavailability, communicated through giving them little or no attention, was triggered by the professionals' implicitly-held expectations that experienced parents, like them, require less support than new or young parents (Hogg et al., 2013; Kearney & Fulbrook, 2012). These differences in experience and opinions held towards the two groups of professionals were revealed through the following quotes of parents:

"She [the nurse] makes you feel like you're the only person to see, and there might be 10 people around. She may say, 'Your hair looks great today' and you're like, 'Oh, thanks!' Just those little things make you feel like someone's taking an interest in you." (Kearney & Fulbrook, 2012, p. 11)

"...they [the nurses] don't feel the pressure... Yeah, so at least they're doing the right thing. And if you've still got more questions they will continue on offering more solutions, so I think that that's really good." (Kearney & Fulbrook, 2012, p. 12)

“We were slightly ignored by some of the health visitors because they thought we knew all about it. But it was seven years and we had forgotten everything.” (Hogg et al., 2013, p. 1144)

Subtheme 1.4: Information. In six of the studies, parents informed that possessing the information that leads them to the most appropriate support sources and knowing who could provide them with this information were equally important in influencing who they choose to seek or accept support from (Davies & Harman, 2017; Hogg et al., 2013; McLeish & Redshaw, 2015; Premberg et al., 2008; Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Findings by Winkworth, McArthur, Layton, and Thompson (2010) revealed that parents who needed support services, but unsure where to access them, would seek the advice of friends and other close contacts who both understood their situations and were able to direct them to the right sources.

“It’s difficult to find out about services. I’ve found out about them through other people and friends.” (Winkworth, McArthur, Layton, & Thompson, 2010, p. 211)

However, parents with no direct access to such information had continued to avoid using sources of support unfamiliar to them (Davies & Harman, 2017; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Additionally, parents who felt it was against their cultural norms to request information and seek support had either avoided seeking support or rigidly depended on a limited number of support sources, even when there were other support sources that could provide more appropriate or effective support (Davies & Harman, 2017; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). These interpretations were supported by the following quotes of parents:

“I didn’t know any of those services existed.” (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 439)

“They need to start making playgroups and stuff way more accessible and a bit more knowledgeable. They need to tell people what playgroups are about and really push them

because they would be amazing for him but I don't know where they are and I don't know how to access them..." (Davies & Harman, 2017, p. 284)

"Culturally for South East Asians it's a shame to ask...yeah there are current cultural factors so unless you ring and are giving information they won't ask, they are ashamed to do that." (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438)

"I'm not particularly sure what the scheme is actually there for, but I know what I've been using it for and that has really helped." (McLeish & Redshaw, 2015, p. 7)

Hence, these parents often believed that the professional social supporters were unable to offer the right support, when the real reason for such ineffective support might be because they had sought help from an inappropriate source (Hogg et al., 2013; Premberg et al., 2008).

"I would not have been without the childbirth education... but simultaneously it was not so useful.... But it gave me the security.... Or you learned that anything could happen, you have to be ready for that..." (Premberg et al., 2008, p. 58)

"I'm never quite sure who does what, so maybe I'm not getting the right answers because I'm not going to the right person." (Hogg et al., 2013, p. 1144)

To make up for the ineffective support received, some parents searched for books or accessed online information provided through parenting websites, while others made attempts to connect with other parents virtually and sought the advice of those who knew how to help them overcome their challenges (Bloomfield et al., 2005; Lee et al., 2013; Strange et al., 2018). Though parents recognised that they were occasionally overwhelmed by the amount of conflicting information available online, they appreciated that the digital platforms provided means of staying connected with others and accessing information (Hogg et al., 2013; Strange et al., 2018). It had also given them the freedom to decide what to access and adopt (Lee et al., 2013; Strange et al., 2018). Hence, parents revealed how digital platforms and print media, like books, provided the informational support needed in the quotes below:

"With the first one, you weren't sure about anything. Even bathing the baby, feeding them, you weren't sure about anything, you looked at books after books." (Bloomfield et al., 2005, p. 50)

"We get that [parenting] information really shoved down our throats... You don't want to read through it. It's— [I] think [we might be more likely to read it] if it's more, maybe to the point. Because a lot of it is just so much information [that] no one wants to read through it at that moment. You just throw the paper to the side." (Lee et al., 2013, p. 911)

"I think without internet support I would have far less communication with other adults and other parents and I would struggle with the lack of information to read about parenting – (and) feel much more like I have no idea what I'm doing." (Strange et al., 2018, p. 171)

"For families doing it tough, it's an easy way to source information and feel connected to what is going on..." (Strange et al., 2018, p. 172)

"When I say I use the internet..., I don't have the time, you know, to keep checking my, you know. So I would just really look up a specific subject to see the information available on that subject..." (Hogg et al., 2013, p. 1145)

Theme 2: Relationship

This theme describes how parents' level of familiarity or depth of connection with their social contacts had affected their desire to seek or accept support from different support sources. Contingent on parents' perception of the depth and genuineness of relationship, parents who considered the parent-supporter relationships as 'deep' or 'genuine' had more experiences of actively seeking and fewer experiences of rejecting support offered by their social contacts, than those who perceived their parent-supporter relationships to be the exact opposite. The four subthemes subsumed within this theme are 'strength of relationship', 'social inclusion versus social exclusion', 'interest in building relationship' and 'opportunity to build relationship'.

Subtheme 2.1: Strength of relationship. Parents in five of the studies asserted that family members, spouses or partners and friends were the people they preferred to seek support from

(Andrews et al., 2015; Davies & Harman, 2017; Jenkins & Coker, 2010; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Due to the long-established relationships with these individuals, parents saw them as a trusted source of support and held strong beliefs that these informal social contacts would come to their aid, when they need support (Andrews et al., 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Notably, parents also revealed the tendency to depend on their spouse or partner as their main support source for day-to-day child-related responsibilities, as their legal share of the children and close relationship with the parent obligated them both to be an active parent and to provide tangible assistance (Jenkins & Coker, 2010; McLeish & Redshaw, 2015). On the other hand, friends were often a source of emotional support, especially if these friends were parents with preschool-age children and experiencing similar challenges (Andrews et al., 2015; Davies & Harman, 2017).

“...I don’t trust many people with my daughter... that’s why I don’t ring no-one for help. If I can’t do it I ring my mum...” (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 441)

“So in terms of raising Ali it’s just me during the day and then my husband when he comes home from work...” (Andrews et al., 2015, p. 42)

“It’s almost impossible for one person [spouse] to leave the house with three or more babies.” (Jenkins & Coker, 2010, p. 174)

“I think you know, I’ve felt pretty well supported in that I’ve got a bunch of women around me who I can call on for help, who are all doing the same sort of stuff, they’re having better days and worse days.” (Andrews et al., 2015, p. 42)

“...I think I’d just rather go hang out with my girlfriends so we can chat and debrief and do our gossip and build relationships with our own kids.” (Davies & Harman, 2017, p. 282)

Besides them, parents also found that neighbours, who had been residing within the same community for an extended period, were a good source of support (Andrews et al., 2015).

Connecting with the different neighbours and learning about different family situations not only

helped to prepare parents to handle similar situations within their own families, they were also able to depend on these neighbours for minor or short-term tangible assistance. Conversely, when relationships with neighbours were insufficiently established, parents found it difficult even to request neighbours for short-term support, like child-minding assistance for one afternoon (Andrews et al., 2015). These differences were disclosed by parents in the quotes below:

"Most people have been here a while, like they have been here for twenty years, so their kids have grown up in the area. Yeah, so even though there are different ages and different family situations, that don't stop the community becoming close. Because you can learn a lot from someone that has been here thirty years to someone who's just been here for two years." (Andrews et al., 2015, p. 47)

"...And like now if I run out of milk I'll just run over there... You know it actually quite clichéd but we've actually borrowed sugar and stuff off each other." (Andrews et al., 2015, p. 45)

"I don't know them well enough to say here have my kids for the afternoon... I don't feel that I know them well enough yet to do that." (Andrews et al., 2015, p. 44)

Within the semi-formal support networks, parents who had successfully formed close-knit or well-established relationships with other parents attending parenting groups, or with support volunteers assigned to them, also felt better supported (Donetto & Maben, 2015; McLeish & Redshaw, 2015). Instead of considering them as strangers or mere acquaintances, parents regarded as them as friends or family members and were more willing to seek or accept any forms of support offered by them. However, when such relationships were weakly established, parents rarely recognised any action as a form of support provided or believed these social contacts would be willing to offer support, at a time that is beyond formally arranged meetings (Davies & Harman, 2017). Hence, the following quotes revealed how parents' strength of relationship with this group of social contacts affected their decision to seek support and how effectively they felt supported by them:

"As I said, I felt really supported with the group [parents and health visitors] here and they do seem quite a close-knit group...." (Donetto & Maben, 2015, p. 2565)

"[The volunteer] is like my mum. Seriously, she [has] been like a mum to me. She is my friend, I can talk to her [about] whatever I want, I can meet her whenever I want... She is really friendly, she is patient, she will listen to you and I like everything about her." (McLeish & Redshaw, 2015, pp. 8-9)

"They're [The volunteers are] not there to do a job, they're there to be your friend."
(McLeish & Redshaw, 2015, p. 9)

"I developed... fever and one day my body just shut down...[the volunteer] literally ran my shower, she took off my clothes, she put me in the shower, she creamed my skin, dressed me, put me to bed, she made me some soup, she stayed with me for about four hours... They are like a part of my family... because they they've treated me no different to somebody that as far as I'm concerned I would consider a friend." (McLeish & Redshaw, 2015, p. 10)

"...yeah you can go to playgroup but that's just an isolated thing you wouldn't really call that, I wouldn't really call that social support because it's confined to that one day a week when you go, it doesn't really spill over to the rest of your life." (Davies & Harman, 2017, p. 283)

Likewise, some parents admitted preferring to seek support from familiar professional social supporters, like healthcare workers with whom they had established adequate relationships (Donetto & Maben, 2015; Hogg & Worth, 2009). Due to past experiences of receiving positive support from them, parents believed these professional social supporters were genuinely concerned about them and could be trusted to continue giving positive and effective assistance. Consequently, parents tended to request support from the same healthcare worker repeatedly, even when other healthcare workers were available to attend to them (Donetto & Maben, 2015; Hogg & Worth, 2009).

"Well, it's because I talked to my partner about it and I was saying, 'Oh, we could go to the clinic, but then you don't know who you're going to get at the clinic, or I could talk to Sharon because I'd seen her that many times at the group that I knew that she was, like, a decent person. She wasn't someone who is full of misinformation or that kind of thing, which you do get. I mean, you get that in all jobs though, there's going to be people who don't have as much information as others. I knew she was good so I kind of trusted her enough to mention it to her.'" (Donetto & Maben, 2015, p. 2565)

"And then I became attached to one particular health visitor who I saw each week. And she was helping me through it all, so the original health visitor who I saw I didn't see any longer because the other one kind of took over; because we'd sort of got a bond together and anything I needed I preferred to see her..." (Donetto & Maben, 2015, p. 2565)

"To me, she was like a friend, She'd sit away blethering for an hour. Other health visitors would dae their job and that would be it. But [she] would always speak to you in the surgery or oot in the street." (Hogg & Worth, 2009, p. 33)

Nevertheless, not all parents found their experiences of seeking professional support to be highly positive. Those who had repeatedly received negative support from one or more professional social supporters generalised these experiences and formed negative perceptions that all professional social supporters could not be trusted to provide positive support. Hence, these parents avoided seeking support from all formal support sources and this was confirmed through the following quote:

"I don't trust people in organisations...never got any help from them so I don't trust them at all...I don't like them and I do not trust them..." (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 441)

Subtheme 2.2: Social inclusion versus social exclusion. Under this subtheme, parents in five of the studies revealed how positive and negative feelings, engendered by experiences of social inclusion or exclusion, affected their decisions of who they sought or refused support from (Andrews

et al., 2015; Cosson & Graham, 2012; Donetto & Maben, 2015; Hjälmhult et al., 2014; Hogg & Worth, 2009). Though none of the parents reported feeling socially included or excluded by their family members, spouses or partners, friends and neighbours, it was a prominent feature in their experiences with other parents and professional social supporters. In their attempts at seeking other parents' support, parents who felt socially included not only reported feeling supported but also enjoyed and looked forward to their regular meetings with other parents (Donetto & Maben, 2015; Hjälmhult et al., 2014). To these parents, this sense of social inclusion allowed them to be authentic, protected them from feeling judged and assured them that they could gain some form of support from the group members (Donetto & Maben, 2015). Thus, their sense of 'social inclusion' facilitated their support-seeking decisions and helped them to see other parents as an effective support source (Donetto & Maben, 2015; Hjälmhult et al., 2014).

"As I said, I felt really supported with the group here and they do seem quite a close-knit group...." (Donetto & Maben, 2015, p. 2565)

"Our group has been functioning well! The youngest is about 22 years old, and I think the oldest is 42 years of age. But we are very harmonious. We have a really nice time together in the group, and we have been meeting every other week on average – between the meetings at the WCC [Well Child Clinic]." (Hjälmhult et al., 2014, p. 2984)

However, parents who felt socially excluded by other parents expressed a lack of confidence in overcoming their negative experiences (Andrews et al., 2015; Hogg & Worth, 2009). Believing that it would be impossible to break into the existing cliques, parents chose to break off from the group. Hence, their feelings of rejection hindered their desire to seek support from those who contributed to their elevated sense of social exclusion (Andrews et al., 2015; Hogg & Worth, 2009).

"It's not easy to break into anything unless you're thrown in with a whole group of new people like we were with the kinder." (Andrews et al., 2015, p. 46)

"I did go to the toddler group and I found that they were really cliquey. There were only one or two would talk to you, and I felt I was sitting there by myself. I didn't feel that I was that welcome, and anyway I just didn't enjoy it." (Hogg & Worth, 2009, p. 33)

Similar negative experiences, encountered by mothers while joining parenting or toddler groups, were also shared by fathers who attempted to join professionally organised parenting programmes (Cosson & Graham, 2012). Instead of meeting their support needs, many of these programmes were designed with a focus on supporting mothers. Consequently, fathers joining such programmes not only felt that the professional social supporters conducting the programmes had failed to meet their needs, they felt socially excluded by the participating members, who were often primarily mothers. These negative feelings further hindered their desire to seek support from other parents or to accept the support offered by professionals (Cosson & Graham, 2012). The above interpretations were supported by these quotes of fathers:

"The program is designed for mums." (Cosson & Graham, 2012, p. 127)

"I felt like I was seen more as an adjunct, not necessarily having a primary role." (Cosson & Graham, 2012, p. 127)

Subtheme 2.3: Opportunity for building relationship. Although the quality of existing relationships was capable of influencing parents' support-seeking decisions, having adequate opportunities to build and strengthen new relationships was also reported as an important facilitator (Andrews et al., 2015; Donetto & Maben, 2015; Hjälmhult et al., 2014; Hogg et al., 2013; Stenhammar et al., 2012; Strange et al., 2018). Compared to the infrequent but formally-organised meetings, parents preferred getting to know their new neighbours through naturally-occurring opportunities, such as informal chats with neighbours whom they met in the streets (Andrews et al., 2015). These frequent short meetings encouraged both increasing familiarity and progressive strengthening of relationships, thereby enabling parents to eventually see them as friends and a support source, and to feel comfortable about seeking their help (Hogg et al., 2013). However, when such opportunities were few or non-existing, the weakly established relationship hindered parents'

confidence of getting their neighbours' support (Andrews et al., 2015). Hence, parents voiced this difference in opportunities in the following quotes:

"And a lot of time we meet people through other people, like you know just down at the park and stuff like that, you know hanging out with you, you might know someone and they might know someone and then they know someone... and then you know the cafes, you get to know a lot of people that way. Yeah you see the same faces around I guess... You might get talking to people down at the park just out of the blue because the kids are playing or they're patting the dog... there's a lot of opportunities for people to get to know each other." (Andrews et al., 2015, p. 46)

"I think people are just...not really engaging...cos there's not the opportunity...like most people I never go out of my front door... like I always go via the garage door." (Andrews et al., 2015, p. 45)

Without the naturally-occurring opportunities to help them overcome their social isolation, parents compelled themselves to depend on opportunities created by community services or professional support organisations (Andrews et al., 2015; Donetto & Maben, 2015). Through joining activities such as annual Christmas gatherings or parenting-related talk events arranged by these organisations, parents were given the opportunity to connect with other parents, as well as professional healthcare workers, to seek their support, like parenting advice and encouragement (Donetto & Maben, 2015). Though infrequent meetings or non-attendance of participants still limited the number of opportunities parents could connect with other parents, these initial formally-organised opportunities facilitated new relationship development and enabled parents to acquire new support sources (Andrews et al., 2015; Donetto & Maben, 2015; Hjälmhult et al., 2014; Stenhammar et al., 2012). Parents shared how these organised activities have helped them to meet potential sources of support in the following quotes:

"Within our community like once a year, we the sort of body corporate, I mean we pay for it as home owners but, they like organise a Christmas party and that's every year. So I suppose

there is an opportunity once a year to meet people that live within the neighbourhood, in your estate.” (Andrews et al., 2015, pp. 46-47)

“I was a bit shocked the first time. We were two, and another arrived later, so we had only three people in a group! I thought there should be more participants in a maternity group. I was really looking forward to that.” (Hjälmhult et al., 2014, p. 2983)

“...these places are like a godsend, because if you are a single parent you don't have loads of money to go and do stuff...I go to all these things because it gets me out of the house. I'm not just sitting around on my own. You meet other people.” (Donetto & Maben, 2015, p. 2564)

Other parents revealed that they concurrently participated in online parenting discussion forums to seek intangible support from their virtual contacts, while facing difficulties making offline connections or being doubtful about receiving support from their new, offline acquaintances (Strange et al., 2018). Though these parents acknowledged that frequent positive online connections might reduce their desire to seek out offline connection opportunities, they perceived it as an invaluable means of maintaining social connections and gaining support, especially if they could not connect with others in person. Thus, for these parents, the extensively available opportunities to connect virtually with people enabled them to have access to support sources and to seek support from their virtual social contacts (Strange et al., 2018).

“As a parent that has a husband that works away I often spend days at home with the kids and feel like I miss out on adult conversation and support. I use Facebook daily – it reduces my loneliness and helps me feel connected to the community.” (Strange et al., 2018, p. 172)

“I think it makes it easier to connect with people But I do think it also increases isolation as more and more people hide inside behind a computer screen instead of getting outdoors and meeting people face to face in the community.” (Strange et al., 2018, p. 172)

Subtheme 2.4: Interest in building relationship. Beside the availability of opportunities, parents' interest in building new relationships was found to be a significant factor in determining

parents' tendency to revert to their existing support sources or pursue new sources of support (Andrews et al., 2015; Davies & Harman, 2017; Hjälmhult et al., 2014; Strange et al., 2018). Parents in four of the studies revealed varying interest in building new relationships.

For parents with low interest, residing near supportive neighbours and having the opportunities to connect with other parents were both regarded as unimportant (Andrews et al., 2015; Davies & Harman, 2017). Instead, these parents preferred reverting to their established social contacts for support, actively avoided participating in parent groups and regarded any offer of connecting with other parents, through joining groups organised by professional social supporters, as an obligation (Davies & Harman, 2017; Hjälmhult et al., 2014). Hence, these parents' low interest in building new relationships hindered them from expanding their support sources and receiving support from a wider range of social connections.

"Good neighbours... It's not a high, high, priority but it's nice." (Andrews et al., 2015, p. 44)

"I just can't be bothered building more relationships with other mothers that I don't really know, and other children that I don't really know...I think I'd just rather go hang out with my girlfriends so we can chat and debrief and do our gossip and build relationships with our own kids." (Davies & Harman, 2017, p. 282)

"[At the Well Child Clinic] I was asked whether I wanted to join a group or have individual consultations – but I felt that they wanted me to choose a group. Thus, I might not have had a real choice." (Hjälmhult et al., 2014, p. 2983)

On the other hand, parents with high interest in building new relationships seemed to make more apparent attempts to seek out new sources of connections (Andrews et al., 2015; Hjälmhult et al., 2014). These included joining organised playgroups as well online and offline parent groups (Andrews et al., 2015; Hjälmhult et al., 2014; Strange et al., 2018). Though parents with high interest in online connections had admitted to a concurrent reduced interest in making offline connections, this interest in seeking new relationships significantly promoted their access to a wider variety of support sources and enabled them to seek and receive support from both existing and new

connections (Andrews et al., 2015; Hjälmhult et al., 2014; Strange et al., 2018). These interpretations were supported by the following quotes:

“...I guess when you have kids and you’re home more often, you need local friends. So you need a network, so I guess I probably sought people out more. And being involved in playgroups and mother’s group you meet people. So yes now that I’ve got kids I feel quite a part of the community, and I would like to be more involved and know more people.”

(Andrews et al., 2015, pp. 41-42)

“My wife and I were interested in such groups and, if possible, developing a social network, but we felt we did not need health information about the baby, because we thought we perhaps knew enough about babies. This was our starting-point...” (Hjälmhult et al., 2014, p. 2983)

“There are plenty of online websites that have other mums available to provide online support. There are negatives to this - people are more likely to get support online instead of making an effort with neighbours and people at local parks.” (Strange et al., 2018, p. 172)

Theme 3: Supporter’s factors

This third theme focuses on factors within or shown by social supporters, that can influence parents’ willingness to seek or accept support from them. Social supporters who are at similar life stages, possess similar life experiences, have children of similar age or place equal values on life and occupational roles, like the parents, will encourage the parents they work with to see them as an effective and important support source. These similarities between them promote a sense of confidence in parents that their social supporters will understand the challenges parents face and know what support forms would be most appropriate or needed. Conversely, supporter factors that made parents feel they were different to their social supporters, or engendered beliefs that the support provided would be inadequate to meet their needs, have hindered parents from wanting their support. The six supporter’s factors, identified by parents in the studies, are further described by the six subthemes, namely ‘similarity of life experiences’, ‘relevancy and practicality of

supporter's knowledge and experiences', 'supporter's obtrusiveness', 'sensitivity to parent's needs', 'quality of parenting support' and 'affirmation of parent's personal goals and interest'.

Subtheme 3.1: Similarity of life experiences. In twelve of the studies, parents acknowledged that knowing that their social supporters had similar life experiences was an important factor in motivating them to seek their support (Andrews et al., 2015; Davies & Harman, 2017; Donetto & Maben, 2015; Hjälmhult et al., 2014; Hogg et al., 2013; Hogg & Worth, 2009; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015; Premberg et al., 2008; Stenhammar et al., 2012; Strange et al., 2018). Particularly, parents in three studies stated long-term friends were often perceived as individuals with similar experiences, interests and challenges (Andrews et al., 2015; Davies & Harman, 2017; Hogg & Worth, 2009). Consequently, parents found it easy to confide in friends, be understood by them and gain their support. Nevertheless, parents in another study revealed that the support offered by friends, with familial situations or cultural backgrounds that differed greatly from those of the parents', was not found to be always suitable or applicable for their situation (McLeish & Redshaw, 2015; Stenhammar et al., 2012). When this happened and the support received was deemed ineffective or insufficient, parents were motivated to seek support from other sources.

"We're all good friends, we can talk and, you know, pull each other up... we're in the same position. We talk about what's happening, and we've all got the same problems." (Hogg & Worth, 2009, p. 33)

"...If I want to get emotional support from friends, friends can give me suggestion but their suggestion may not fit for you..." (McLeish & Redshaw, 2015, p. 11)

Other parents or support volunteers who were undergoing or had been through similar challenges became the next preferred support source (Donetto & Maben, 2015; Hjälmhult et al., 2014; Hogg et al., 2013; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012). To parents, these experienced parents and volunteers were empathic, gave assurance that their challenges were not unique or abnormal, provided suggestions on how to overcome them and forewarned them of any

future challenges that they might have to be prepared for. Possessing similar life experiences thus helped these other parents and volunteers to be perceived as a great sources, as parents believed that the similarity of life experiences would enable them to provide the right advice and assistance (Donetto & Maben, 2015; Hjälmhult et al., 2014; Hogg et al., 2013; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012).

“But the children’s centres I think are really good. When you have a baby it can be sometimes quite a lonely time. [...] if you haven’t had any other children and you haven’t had a lot of experience you can kind of be like, ‘Help, what do I do?’ Or if your friends haven’t got children as well, it’s just nice to have the support and to know that other people are going through the same things that you are, and to have people to answer any questions however silly you might think they are. It’s been a big help for us.” (Donetto & Maben, 2015, p. 2563)

“It was just nice to come here and know that she wasn’t totally abnormal, you know... and that there’s another parent out there.” (Kearney & Fulbrook, 2012, p. 10)

Beside them, distant friends and other virtually-present parents and professional advisors also motivated parents to see them as possible support sources, by way of portraying themselves via various social media platforms as sharing similar life experiences as the parents (Hogg et al., 2013; Strange et al., 2018). These portrayals gave parents the confidence that the advice shared was ‘tried and true’ and would be effective in resolving their challenges. Consequently, parents posted questions to them, accepted their advice and saw them as effective support sources (Hogg et al., 2013; Strange et al., 2018). These are revealed through the following quotes:

“Online communication has shown me that other parents share similar experiences to me by way of photographs and captions describing such experiences...” (Strange et al., 2018, p. 173)

“I really needed to speak to other women who were in the same position as me. I go into the forum and you just choose a topic you want to speak about and put a question up. I got six

replies that day, all really positive and all confirming what I'd suspected myself anyway, but I just needed a bit of back up." (Hogg et al., 2013, p. 1145)

However, this similarity of experiences has become a deterring factor for some parents too (Davies & Harman, 2017; Premberg et al., 2008). For parents who wished to talk about other areas of concern or be identified beyond their 'parent' role, this 'similarity of life experiences' was seen as a restriction to the scope of conversation and to one's identity. It contributed to the perception that parents could only be identified in their 'parent' role and discuss only the parenting challenges facing them, as that was often the purpose of a parent group (Davies & Harman, 2017; Premberg et al., 2008). Additionally, parents with unique multiple-birth experiences or who come from cultural backgrounds that are different from others, were constantly reminded that they are dissimilar to other parents (Jenkins & Coker, 2010; Stenhammar et al., 2012). For these parents with twins or triplet infants, or who had migrated from a home country with different culture, similarities that were shared or appreciated only by other parents, separated them from others, thereby making it difficult for them to even seek non-parenting-related support (Davies & Harman, 2017; Jenkins & Coker, 2010; Premberg et al., 2008). Therefore, instead of promoting other parents and volunteers as a support source, this factor greatly hindered parents' desire to see them as potential social supporters. The following quotes expressed parents' yearning to meet other parents who share similarities of interests, backgrounds or goals with them:

"And then I think if you form friendships within that group as well, I just...I think again, that central link is your kid. And perhaps some people want to generate friendships that way, but I would rather not, because I'm not just a mum." (Davies & Harman, 2017, p. 284)

"Well there was a great deal of talking about the kids and what they do, but sometimes it's fun to talk about something else too. And I gather the fathers had a little wider perspective." (Premberg et al., 2008, p. 58)

“...And it would be a good support to have other parents, preferably Swedish, to discuss challenges about children’s eating, sleeping and activity as well...” (Stenhammar et al., 2012, p. 212)

Subtheme 3.2: Relevancy and practicality of knowledge or experience. Related to the abovementioned factor is the relevancy and practicality of supporters’ knowledge and experiences. Although parents might share similar experiences as their social supporters, fourteen of the studies revealed that the degree of relevancy or practicality of the supporters’ knowledge or experiences had impacted the effectiveness of their support and subsequently determined parents’ perception of them as important support sources (Andrews et al., 2015; Bloomfield et al., 2005; Donetto & Maben, 2015; Hogg et al., 2013; Hogg & Worth, 2009; Jenkins & Coker, 2010; Jose et al., 2019; Kearney & Fulbrook, 2012; Lee et al., 2013; McLeish & Redshaw, 2015; Premberg et al., 2008; Strange et al., 2018; Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Positive experiences of receiving effective and practical support from social supporters, who had the relevant knowledge or experiences, encouraged parents to seek support from them again. Conversely, experiences of receiving negative support from those without the relevant and practical knowledge, became a significant barrier for parents and minimised or eliminated future and repeated requests for support (Andrews et al., 2015; Bloomfield et al., 2005; Donetto & Maben, 2015; Hogg et al., 2013; Hogg & Worth, 2009; Jenkins & Coker, 2010; Jose et al., 2019; Kearney & Fulbrook, 2012; Lee et al., 2013; McLeish & Redshaw, 2015; Premberg et al., 2008; Strange et al., 2018; Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

Within the various informal sources of support, family members, friends and colleagues who did not possess the relevant knowledge and experiences had either found it difficult to offer support, or frequently offered support that was deemed as negative (Donetto & Maben, 2015; Jenkins & Coker, 2010; McLeish & Redshaw, 2015). Instead of meeting the support needs of parents, these informal social supporters provided unhelpful suggestions that only caused parents to feel less

supported (McLeish & Redshaw, 2015). After encountering experiences of negative support, parents preferred to avoid the support offered by these informal social contacts and sought other means of support instead, like approaching neighbours who had varied experiences (Andrews et al., 2015). Hence, having insufficient or irrelevant knowledge or experiences significantly reduced the practicality of support given and was a barrier to parents' desire to seek support from these support sources again (Donetto & Maben, 2015; Jenkins & Coker, 2010; McLeish & Redshaw, 2015).

"I probably should have created a fact sheet about multiple births and distributed it to friends, family, church members, and coworkers. That would have been extremely helpful in educating people about our needs." (Jenkins & Coker, 2010, p. 173)

"My friends say they desire to help, but often [they] just stare at and talk about the infants without offering any actual physical assistance. I had to get some help somewhere in order to survive." (Jenkins & Coker, 2010, p. 173)

"Most people [neighbours] have been here a while, like they have been here for twenty years, so their kids have grown up in the area. Yeah so even though there are different ages and different family situations that don't stop the community becoming close. Because you can learn a lot from someone that has been here thirty years to someone who's just been here for two years." (Andrews et al., 2015, p. 47)

On the other hand, reports on the relevancy and practicality of support provided by spouses or partners were mixed (Bloomfield et al., 2005; Jose et al., 2019; Lee et al., 2013; Premberg et al., 2008). Some parents reported their spouses or partners as not having the required knowledge to offer the right support (Bloomfield et al., 2005; Jose et al., 2019). Recognising this shortfall in knowledge and experiences, but accepting that their spouses or partners have an obligation to support, these parents either limited the type of assistance they sought or made attempts to equip their spouses and partners with the knowledge and skills needed to provide support. Others, on the contrary, reported their spouses and partners as being involved and acting as an important partner in child-related decision-making processes (Lee et al., 2013; Premberg et al., 2008). The established

patterns of support enabled these spouses or partners to be effective in their support role. These findings, expressed through parents' quotes below, showed that the level of relevant knowledge and experiences influenced not only spouses' and partners' effectiveness of support, it also affected parents' confidence in their offering practical help (Bloomfield et al., 2005; Jose et al., 2019; Lee et al., 2013; Premberg et al., 2008).

"It is easy to just let them [partners] do the nice things, playing with the kids while you quickly go and do this." (Bloomfield et al., 2005, p. 49)

"We talk a lot, as we always have; we did it before we had a child so I don't think we have changed our relation. We talk a lot and discuss problems at an early stage." (Premberg et al., 2008, p. 60)

Similarly, parents differed in their opinions on the relevancy and practicality of support offered by their semi-formal social supporters (Bloomfield et al., 2005; Donetto & Maben, 2015; Hogg et al., 2013; Jenkins & Coker, 2010; Jose et al., 2019; Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015). Though most parents in seven of the studies asserted that other parents and peer volunteers were great semi-formal sources of support, a few parents disclosed that their experiences were otherwise. For the former group of parents, the relevancy of knowledge or experiences enabled other parents and volunteers to provide them with practical answers to their questions or give tangible assistance like language translation (Donetto & Maben, 2015; Hogg et al., 2013; McLeish & Redshaw, 2015). Hence, parents regarded them as the best source for acquiring the required knowledge, skills and help needed to overcome a range of challenges. However, for the latter group of parents, having multiple births was sufficient to weaken the effectiveness of the support offered by other parents and volunteers (Jenkins & Coker, 2010). Without similar multiple-birth experiences, the skills and knowledge derived from handling a single young child were seen as impractical and irrelevant for parents who had to handle more than one young child simultaneously. Hence, other parents and volunteers without similar multiple-birth experiences were seen as a less effective source of support, even if they had practical parenting experiences (Jenkins & Coker, 2010).

"It's great having other mums with babies about the same age, but you're all kind of feeling your way in the dark. But maybe to have mums that are a few months down the line, that can say 'this is my experience and maybe you'll be the same'." (Hogg et al., 2013, p. 1145)

"I can't explain myself 'cause my English is not good, so you always need someone who can explain for you. And who knows the law. I think it helped me, 'cause [the volunteer] went with me, even to the GP, 'cause they don't give you a letter if you ask them sometimes. But she explained everything to them properly and yeah, they give it." (McLeish & Redshaw, 2015, p.8)

"I kind of felt sorry for [the social worker]. She just looked lost when she walked into the room. She didn't seem to know what to say about having more than one baby at a time." (Jenkins & Coker, 2010, p. 175)

For parents seeking and accepting professional support, the majority of the parents in five of the studies asserted that the support received was effective in meeting their needs (Bloomfield et al., 2005; Donetto & Maben, 2015; Hogg & Worth, 2009; Jose et al., 2019; Kearney & Fulbrook, 2012). As these parents were supported by professional healthcare workers who possessed the relevant knowledge and practical experiences, parents could obtain both tangible assistance and intangible assurance and encouragement. However, parents in four of the studies reported their experiences were negative (Hogg et al., 2013; McLeish & Redshaw, 2015; Premberg et al., 2008; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Instead of giving relevant, practical help, some professional social supporters had given theoretical advice without considering parents' circumstances (Hogg et al., 2013; McLeish & Redshaw, 2015). Others were reported as ignorant and unable to understand what was needed to effectively support the parents (Hogg et al., 2013). Hence, the degree of relevancy and practicality of the professional social supporters' knowledge or experience greatly influenced parents' perception of them as an effective source of support (Bloomfield et al., 2005; Donetto & Maben, 2015; Hogg & Worth, 2009; Jose et al., 2019; Kearney & Fulbrook, 2012).

"Before I even started coming here I didn't know what to do, being a young single mum and doing it all by myself, but I started coming here and I was shown how to do different things with my girls, and it's truly amazing of what here has helped me learn and do with my girls."

(Jose et al., 2019, p. 2365)

"...just everything, Olivia [the CHN] was my life saver... literally with [my daughter] Alice, it was really good just to come here and go, yep everything's good, but... I don't think I could have got through the first 12 months, literally, without her." (Kearney & Fulbrook, 2012, p. 11)

"I found it really difficult, but I persisted and I ended up really sore and cracked and bleeding and basically the only information I got from the midwife was keep trying." (Hogg et al., 2013, p. 1144)

When parents failed to receive appropriate support from their existing informal, semi-formal and formal contact, they resorted to seeking information and answers from various parenting website and discussion forums (Hogg et al., 2013; Strange et al., 2018). Knowing that these websites and forums could be accessed by friends, other parents and professionals who may possess the relevant knowledge and experiences was sufficient to motivate these parents to pose their questions and seek advice and assurance, especially when other support sources had failed to help them. Hence, as revealed through the quotes below, parents who successfully received practical-sounding answers to their questions or encouragements and assurance continued to deem it as an effective source of support, while those who were given irrelevant or impractical advice eventually ceased or reduced their frequency of accessing those websites and forums for support (Hogg et al., 2013; Strange et al., 2018).

"(you) can get on (online) at any time of day or night and look up info on parenting website...helpful tips and reassurance that others may be experiencing similar situation to you." (Strange et al., 2018, p. 170)

"I really needed to speak to other women who were in the same position as me. I go into the forum and you just choose a topic you want to speak about and put a question up. I got six replies that day, all really positive and all confirming what I'd suspected myself anyway, but I just needed a bit of back up." (Hogg et al., 2013, p. 1145)

"While it is good for advice on certain issues or problems you may be having, sometimes people's opinions can be more harmful than good. An example is breast feeding. Some women are quite passionate about advocating for breast feeding stating that it is the only acceptable way for mothers to feed their babies. These strong views can affect mothers who can't or have real difficulty breast feeding their babies making them sometimes feel very inadequate and less supported." (Strange et al., 2018, p. 172)

Subtheme 3.3: Supporter's obtrusiveness. The next factor which influenced parents' decisions of who they seek or accept support from, involved the social supporters' degree of obtrusiveness, when offering support to parents (Bloomfield et al., 2005; Hogg & Worth, 2009; McLeish & Redshaw, 2015; Strange et al., 2018). Although only one parent disclosed that some family members and members of the public had been obtrusive and felt free to impose their opinions on parents' parenting practices, other parents shared their negative experiences of being supported by highly obtrusive social supporters. For many parents, this was a significant factor in determining whether they would seek support from support volunteers, professional social supporters or other parents whom they have connected with through various offline and online platforms (Bloomfield et al., 2005; Hogg & Worth, 2009; McLeish & Redshaw, 2015; Strange et al., 2018).

"You know, everyone's got their little say, even complete strangers when you're shopping – 'Oh, I think he needs a bottle' – that's the challenge for me, other people's – what other people are saying to me, the pressures that they put on you, especially in-laws.." (Bloomfield et al., 2005, p. 49)

Towards the various sources of social supporters they had access to, parents in one of the studies concurred that they preferred support provided by peer supporters or support volunteers as they often displayed low levels of obtrusiveness (McLeish & Redshaw, 2015). Instead of insisting that their suggestions had to be adopted or dictating the actions of parents, peer supporters or support volunteers often willingly took time to listen to parents' problems and situations. They also offered a range a solutions while helping parents to understand the advantages and disadvantages of each solution, and allowed parents to make their own decisions. Consequently, parents appreciated the opportunity to share their thoughts and feelings, receive advice and emotional support, and still be respected for the decisions they make (McLeish & Redshaw, 2015). Parents described these experiences in the following quotes:

"I always thought, "Are they going to go, 'Why are you depressed?'" Start picking on my personal life, but they actually didn't. (The volunteer) just went straight on at looking at,

"What can we do for you?." (McLeish & Redshaw, 2015, p. 7)

"...I think the volunteer provides a package of solutions, choice, and they told you what's pros and cons, and you make decision which is right for you. There is no push, no demand...

It's kind of between the NHS and a friend." (McLeish & Redshaw, 2015, p. 11)

Parents in two of the studies, likewise, revealed a similar appreciation for professional healthcare workers who were unobtrusive, and for parenting programmes that offered them the necessary advice, skills and support without insisting on them adopting new practices (Bloomfield et al., 2005; Hogg & Worth, 2009). Although none of the studies recorded parents' experiences of negative support offered by highly obtrusive peer volunteers or professional social supporters, parents in these three studies demonstrated that social supporters' low obtrusiveness was an important factor that motivated parents to continually seek support from them (Bloomfield et al., 2005; Hogg & Worth, 2009; McLeish & Redshaw, 2015). The following quotes illustrated parents' positive experience of being supported by an unobtrusive professional or attending programmes that did not emphasise and enforce certain practices:

"She [The health visitor] was lovely. I mean, she really came in and gave me advice without making me feel that the baby wasn't really [mine]..." (Hogg & Worth 2009, p. 33)

"You see all these programmes and you should be doing things this way or that way. There is no right way of doing anything, is there? ..." (Bloomfield et al., 2005, p. 52)

Interestingly, a high level of obtrusiveness was displayed more prominently by social supporters who were involved in online communication (Strange et al., 2018). Parents in one of the studies reported that other parents, with whom they had connected via social media and digital platforms, were more obtrusive than their offline contacts. Due to the option of remaining anonymous, these parents were less concerned about accountability and more interested in advocating their opinions. Hence, though they were able to offer practical advice to parents, their insistence on imposing their views or opinions made parents feel less supported. This high level of obtrusiveness, displayed by other parents on virtual platforms, deterred parents from seeking or accepting their support again (Strange et al., 2018).

"...With the internet being anonymous it is much easier for people to say things that they would not normally say to your face. This can have a negative impact on a mother or father who is already vulnerable." (Strange et al., 2018, p. 172)

"Online mothers groups have definitely helped me in many ways, such as providing reassurance... But I've also seen it abused and people bullied... (they) enforce their opinions to make others feel bad about themselves." (Strange et al., 2018, p. 172)

Subtheme 3.4: Sensitivity to parent's needs. Supporters' level of sensitivity to parents' needs was also found to exert a significant influence on parents' support-seeking decisions and in determining if parents feel adequately supported (Andrews et al., 2015; Cosson & Graham, 2012; Donetto & Maben, 2015; Hamilton & White, 2010; Hjälmhult et al., 2014; Hogg et al., 2013; Hogg & Worth, 2009; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012; Lee et al., 2013; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Twelve of the studies reported descriptions of parents encountering social supporters who exhibited differing levels of

sensitivity. Those with a high level of sensitivity were described as highly attuned to parents' needs and proactively offering various forms of support, while those with a low level of sensitivity ignored the challenges faced by parent and offered help only upon parents' requests (Andrews et al., 2015; Cosson & Graham, 2012; Donetto & Maben, 2015; Hamilton & White, 2010; Hjälmhult et al., 2014; Hogg et al., 2013; Hogg & Worth, 2009; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012; Lee et al., 2013; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

In one of the studies, parents expressed a high level of resentment or unhappiness towards their spouses' or partners' lack of sensitivity to their needs and low level of proactiveness in offering caregiving support (Hamilton & White, 2010). Although spouses and partners had shown support by being present and giving parents the required support, when support requests were verbalised, parents continued to feel insufficiently supported as support was not given in the manner expected (Hamilton & White, 2010; Lee et al., 2013). Hence, parents' expectation of proactive support, instead of reactive support, greatly reduced parents' sense of support. Moreover, parents in another study also disclosed a preference for neighbours who would proactively offer support (Andrews et al., 2015). To these parents, having neighbours who would actively look out for them and their children was important in contributing to their sense of connectedness and in reducing their feelings of isolation (Andrews et al., 2015). Hence, findings in these two studies suggested that parents preferred and expected support provided by their informal contacts to be given proactively (Andrews et al., 2015; Hamilton & White, 2010). Insensitivity or low attunement to their support needs not only caused parents to feel unsupported but also hindered parents' perception of their informal social contacts as an effective support source. Parents, in the following quotes, revealed their desire for support to be given proactively:

"I wish that my husband understood what it feels like to be at home with the baby. Like I think women feel so much better when they're active, men do too, but I don't think my husband really understands. I wish he would make more of an effort to take time off my hands so I could do more exercise." (Hamilton & White, 2010, p. 578)

“A community where you feel welcome... Having people [neighbours] around that if something happens you can just drop the kids off at their place, or the kids can come over and play... People looking outwards rather than looking inwards... people looking out for you, so you're not on your own.” (Andrews et al., 2015, p. 44)

Sensitivity to parents' needs was an important factor in influencing parents' perceptions of the support given by professional social supporters, like healthcare workers, midwives and staff members of welfare organisations (Cosson & Graham, 2012; Donetto & Maben, 2015; Hjälmhult et al., 2014; Hogg et al., 2013; Hogg & Worth, 2009; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). In nine of the studies, parents described their contrasting experiences, when support was offered by professionals with varying degrees of sensitivity to parents' needs. Parents in six of the nine studies reported their experiences of receiving support from professionals, who were low on sensitivity, as highly negative (Cosson & Graham, 2012; Hjälmhult et al., 2014; Hogg et al., 2013; Hogg & Worth, 2009; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Instead of understanding their needs and supporting in ways that were helpful to them, these professionals limited their support to what was requested, placed pressure on parents without any consideration of their constraints or made them feel that their needs and preferences were of secondary importance. Contrary to these experiences, parents in five of the nine studies had highly positive experiences as they were supported by professionals who were sensitive to their needs (Cosson & Graham, 2012; Hogg & Worth, 2009; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012). Not only did these professionals show interest in the parents by giving them sufficient attention and making them feel important, they also displayed high levels of empathy and provided helpful support that met the needs of the parents. Comparing these two groups, parents in the latter group expressed a greater likelihood of seeking support from their professional social supporters again (Cosson & Graham, 2012; Donetto & Maben, 2015; Hjälmhult et al., 2014; Hogg et al., 2013; Hogg & Worth, 2009; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015; Winkworth, McArthur,

Layton, Thomson, & Wilson, 2010). The quotes below reflected these differences in the support experiences of the two groups of parents:

“Not a single organisation has been able to say yeah we see where you’re coming from, we can see you’ve got all of this going on, we can help here, here and here...it’s a case of well the only thing we can do is this and if you want any of these things you will have to go there.” (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 440)

“The nurses showed a lot of empathy and you felt as if you weren’t the only person with a problem.” (Cosson & Graham, 2012, p. 127)

Though none of the studies described parents’ experiences of support provided by highly sensitive or insensitive semi-formal social supporters or from supporters available on virtual platforms, the twelve studies revealed an important finding (Andrews et al., 2015; Cosson & Graham, 2012; Donetto & Maben, 2015; Hamilton & White, 2010; Hjälmhult et al., 2014; Hogg et al., 2013; Hogg & Worth, 2009; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012; Lee et al., 2013; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). They showed that high sensitivity to parents’ needs was an important factor in encouraging parents’ continuing support-seeking behaviour while low sensitivity to their needs greatly hindered their desire to seek support from the same social contacts again.

Subtheme 3.5: Quality of parenting support. For parents who were looking for parenting or caregiving assistance, the perceived quality of parenting support was also found to have affected who they would seek or accept support from (Bloomfield et al., 2005; Hamilton & White, 2010; Jenkins & Coker, 2010). As parents often desire such support to be given by those who have a similar vested interest in the welfare of their children, informal contacts, like family members, spouses or partners, close friends and even teachers of the children, consequently become the preferred choice of support (Bloomfield et al., 2005; Hamilton & White, 2010; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

Parents in one of the studies explained that they preferred family members and spouses or partners to provide parenting support as they believed these family members would spend quality time with their children, attend to their needs and ensure that their children have an enjoyable time (Hamilton & White, 2010). The quote below described how this had also helped to eliminate parents' feelings of guilt for spending time away from their children. Friends were depended on next, when the former two groups of informal support sources were unavailable to help (Jenkins & Coker, 2010).

"Well I guess probably if the assistance was my husband or my mum looking after the children I wouldn't feel as guilty because at least I'd know they'd be spending some quality time with a parent or a relative." (Hamilton & White, 2010, p. 580)

However, these informal social contacts were not always their preferred sources of support (Bloomfield et al., 2005; Jenkins & Coker, 2010). Parents disclosed that having past negative experiences of receiving poor quality parenting support was sufficient to deter them from seeking support from the same support source again. Notably, some parents described avoiding their spouses' or partners' help, when they knew that their spouses or partners held conflicting beliefs or values on discipline and children's behaviour (Bloomfield et al., 2005). Similarly, parents resisted or rejected the support of friends who failed to show skills in handling children or providing child-related caregiving (Jenkins & Coker, 2010).

"I find it easier when I am disciplining them on my own. If he [the husband] is not there, I find it easier." (Bloomfield et al., 2005, p. 50)

"My friends say they desire to help, but often [they] just stare at and talk about the infants without offering any actual physical assistance. I had to get some help somewhere in order to survive." (Jenkins & Coker, 2010, p. 173)

Not desiring the support of their spouse or partner, and yet unable to trust their children into the hands of inexperienced friends, these parents had attempted to depend on other sources for support (Bloomfield et al., 2005; Jenkins & Coker, 2010). For instance, a parent in the study

conducted by Winkworth, McArthur, Layton, Thomson, and Wilson (2010) expressed her appreciation for the school teacher's support in disciplining her child:

"I have contact with her [his teacher] a lot so basically when it comes to my son, she has been there for me a bit lately because my son's been a bit naughty at school, she's been support for me and I've been support for her." (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 441)

Though none of the studies recorded parents approaching other parents, volunteers and professionals to provide quality parenting support, findings in these four studies revealed how the quality of parenting support provided by family members, spouses or partners, friends and teachers placed them either on the preferred list or last in the list of choices of support source (Bloomfield et al., 2005; Hamilton & White, 2010; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

Subtheme 3.6: Affirmation of parent's personal goals or interests. The last supporter's factor that had been found to affect parents' desire to seek or accept support involved social supporters' degree of willingness to concurrently affirm parents' personal goals or interests while providing support to them (Cosson & Graham, 2012; Donetto & Maben, 2015; Hamilton & White, 2010; Hogg & Worth, 2009; Jenkins & Coker, 2010; Premberg et al., 2008; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). As parents might seek support or assistance to enable them to fulfil these personal desires, they preferred the support of those who recognised how important those goals or interests were to them. These preferred social supporters should also be willing to offer support in ways that would help parents achieve these goals or interests. Conversely, social supporters who were unwilling to affirm parents' goals or interests, were seen as a less preferred choice of support source, even if they were willing to offer support in some areas. The impact of these differences was revealed through the descriptions provided by parents in seven of the studies (Cosson & Graham, 2012; Donetto & Maben, 2015; Hamilton & White, 2010; Hogg & Worth, 2009;

Jenkins & Coker, 2010; Premberg et al., 2008; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

In two of the studies, parents informed that they regularly sought and accepted the support of their spouses or partners as their spouses or partners were able to recognise their need for a break and willing to affirm them in their desire to pursue a hobby or engage in physical activities like exercising (Hamilton & White, 2010; Premberg et al., 2008). Likewise, parents regarded friends, who willingly affirmed them in their decisions, as an effective source of support (Hogg & Worth, 2009). To parents, the support given by these informal contacts not only provided the practical help needed to relieve them from their challenges but also affirmed their individual identity (Hamilton & White, 2010; Hogg & Worth, 2009; Premberg et al., 2008). Hence, social supporters' willingness to affirm parents in their pursuit of interests, goals or decisions greatly encouraged parents to repeatedly seek their support, especially if the support was required to enable parents to pursue those goals or interests.

"My wife felt she needed to do something else to get new energy, so I have taken care of the child every evening this week. I think it's worth it, to get a cheerful wife." (Premberg et al., 2008, p. 60)

"It's actually more the support of friends... They say 'Look, you're doing as well as could be expected in that situation'. It's not so much the advice, at the end of the day you use your past experiences and do what you believe to be right, and deal with your children that way." (Hogg & Worth, 2009, p. 33)

However, this willingness to affirm parents' interests, goals or decisions might not always motivate parents to accept the support offered (Hamilton & White, 2010; Premberg et al., 2008). Parents in two other studies acknowledged that although other parents were willing to affirm their interests and offered support to enable them to pursue these interests, they refused to accept the support given, due to the perceived negative implications of what this acceptance might lead to (Hamilton & White, 2010; Premberg et al., 2008). Similarly, while professionals may show some interest in knowing the parents' goals, the lack of findings suggested that the parents might not have

found what could be offered, by way of support, to be effective or significant (Cosson & Graham, 2012). The above interpretations were shown through the parents' quotes below:

"...Having an agreement with another mum where I look after their kids and they look after mine so we can do exercise would feel a bit like having a binding contract. And I don't need that extra pressure at the moment." (Hamilton & White, 2010, p. 581)

"The staff took you aside individually and talked to you about your goals and what you valued and what you thought." (Cosson & Graham, 2012, p. 127)

Some parents also reported feeling unsupported by informal social contacts who explicitly expressed their unwillingness to affirm parents in their pursuit of personal goals or interests (Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). For instance, parents in the study conducted by Jenkins and Coker (2010) revealed that family members, friends and colleagues had often disregarded their occupational goals or reasons for holding employment. Consequently, these informal contacts exerted pressure and tried to dissuade parents from staying in their jobs. Professional social support workers, whom they had sought support from, also communicated negative support and left parents feeling judged for insisting on returning to the workforce (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Hence, these experiences of receiving negative support from contacts who were unwilling to affirm their goals, interests or decisions significantly hindered parents' perceptions of them as an effective support source and deterred parents from seeking their support again (Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

"Pressure was placed on me by friends, family, and coworkers to stay at home with my babies. They couldn't understand that I might choose to work or need to work." (Jenkins & Coker, 2010, p. 174)

"I felt judged, uncomfortable, afraid because I thought I would be judged a bad mum going back to work. Also I thought that I would be the only one to care for my child [if] I had to go back to work." (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438)

Theme 4: Parent's personal factors

This final theme describes the five factors, within parents, that have influenced who they seek support from and why they accept or refuse support offered by their social contacts. These five factors, presented in the form of six subthemes – 'fear', 'guilt', 'support expectations', 'social comparison' and views on 'reciprocal support', can individually work to influence parents' support-seeking decisions or affect who they have access to.

Subtheme 4.1: Guilt. This first subtheme described how parents' desire to minimize or avoid feelings of guilt have influenced who they seek or reject support from (Hamilton & White, 2010; McLeish & Redshaw, 2015). Findings in one of the studies revealed that some parents preferred the support of family members and their spouses or partners because it helped to minimise their feelings of guilt. In contrast, others actively avoided seeking their spouses' or partners' help as it triggered their sense of guilt (Hamilton & White, 2010). For parents in the former group, receiving support from family members and knowing that their children were well taken care of by them helped to reduce their feelings of guilt triggered by having to spend time away from their children. However, for the latter group of parents, burdening their busy working and tired spouses or partners with household-related problems and requesting their support were the factors that triggered their feelings of guilt. As a result, this desire to eliminate their feelings of guilt motivated some parents to seek support from family members and spouses or partners but discouraged others from seeking support from the same support source (Hamilton & White, 2010).

"Well I guess probably if the assistance was my husband or my mum looking after the children I wouldn't feel as guilty because at least I'd know they'd be spending some quality time with a parent or a relative." (Hamilton & White, 2010, p. 580)

"I'm sure he'd [husband] love to do it, it's just I feel guilty in asking him to mind Billy."
(Hamilton & White, 2010, p. 580)

Though parents, who were avoiding seeking the support of spouses or partners, should appreciate the availability and support offered by others, parents in two of the studies disclosed that

this was not the case (Hamilton & White, 2010; McLeish & Redshaw, 2015). Instead, parents rejected the support offered by friends and other parents as they experienced a similar sense of guilt. As demonstrated through the quotes below, parents were both reluctant to burden friends with their problems and fearful of receiving criticism from others who came to know they had sought the support or assistance of these friends (McLeish & Redshaw, 2015). Towards other parents, the sense of guilt arising from knowing that they would be burdening another parent also deterred them from accepting the support offered (Hamilton & White, 2010).

“...I don’t want to ask her because she is my friend and I don’t want to feel “I do this to you” ... I don’t want to hear somewhere else I done this to her... I don’t want the other neighbour talk about it.” (McLeish & Redshaw, 2015, p. 9)

“...I wouldn’t want to burden another mother with my kids while I go have a good time at the gym you know.” (Hamilton & White, 2010, p. 580)

Likewise, even though parents knew that they could seek the support of schools and professional child-minding organisations, like day care centres, to provide the needed support, they expressed strong reluctance to seek the support of these professional organisations (Hamilton & White, 2010). For these parents, getting paid support services did not help to reduce their guilt of spending time away from their children and parenting responsibilities (Hamilton & White, 2010). Consequently, parents’ feelings of guilt greatly affected who they would seek and accept support from (Hamilton & White, 2010; McLeish & Redshaw, 2015).

“I don’t know if I suffer a guilt complex or not, but I don’t feel I could dump the kids in child minding and go off and do sport.” (Hamilton & White, 2010, p. 580)

Subtheme 4.2: Fear. Beside feelings of guilt, parents’ feelings of fear also placed a limit on who they could or would seek and receive support from (Bloomfield et al., 2005; Cosson & Graham, 2012; Davies & Harman, 2017; Donetto & Maben, 2015; Hogg et al., 2013; Jenkins & Coker, 2010; Lee et al., 2013; McLeish & Redshaw, 2015; Premberg et al., 2008; Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). This feeling of fear

caused parents to seek the support of those who, they believed, would help in reducing or eliminating their fear, and to avoid the support of those whom they knew would elevate it.

In one of the studies, parents disclosed experiencing fear in seeking support (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Hence, having someone who could help in reducing this fear and direct them to the right support source was deemed as necessary and important in ensuring that they eventually receive the support needed. Although family members, spouses or partners and friends, who were closest to the parents, should be the best people to support or assist parents in this process, none of the studies explicitly reported these informal social supporters as effectively directing or encouraging parents to seek support (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Instead, three of the studies highlighted fathers' own fear and reluctance to admit insufficiency in leading their families to resolving household-related challenges. This deterred them from seeking support, even when they knew they needed it (Cosson & Graham, 2012; Lee et al., 2013; Premberg et al., 2008). Believing that they should be problem-solvers and sufficient for their families, fathers in one of the three studies admitted denying the need for support. Not only that, they chose to continually endure the challenging situations, until a suggestion to seek support was raised by their wives or partners (Cosson & Graham, 2012). In the study conducted by McLeish and Redshaw (2015), parents also acknowledged that their fear of social judgement deterred them from seeking friends' support. These findings revealed that parents' feelings of fear were significant barriers to their support-seeking behaviour (Cosson & Graham, 2012; Lee et al., 2013; McLeish & Redshaw, 2015; Premberg et al., 2008). Not only were parents hesitant to seek support when they were feeling fearful, they were unwilling to let their fears be known by their informal contacts, who might be able to provide the initial support needed.

"I felt like that at first, a bit afraid. I needed someone to give me a nudge." (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 439)

"I don't know about you guys, but I find it very difficult to ask for help." (Lee et al., 2013, p. 911)

"We both recognized there was a problem but we put up with it until my wife couldn't handle it anymore." (Cosson & Graham, 2012, p. 126)

"...I don't want to ask her [for help] because she is my friend and I don't want to feel "I do this to you"... I don't want to hear somewhere else I done this to her... I don't want the other neighbour talk about it." (McLeish & Redshaw, 2015, p. 9)

Similarly, parents expressed strong desires to be affirmed in their role as a 'parent' by members of the public (Bloomfield et al., 2005). However, parents in four of the studies confessed that their fear of not meeting societal expectations had caused them to believe others were judging them and their children negatively (Cosson & Graham, 2012; Hogg et al., 2013; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Consequently, these parents perceived every act of support offered by public members to be negative and interpreted them as reminders, either of their inadequacy as parents or of their children's lack of fit into the society (Bloomfield et al., 2005; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). This fear of negative social judgement thus hindered parents from accepting the support offered by the public (Cosson & Graham, 2012; Hogg et al., 2013; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). The following quotes supported the above interpretations and revealed parents' fear of social judgement:

"Just like when you're walking past people in the street you think they're just looking at you and basically talking about you and everything. That's the way it feels." (Hogg et al., 2013, p. 1144)

"I feel like a freak show whenever we go to the grocery store and the mall. People stop me and ask the most personal of questions. I even have people take pictures of me and the babies when we are out in public." (Jenkins & Coker, 2010, p. 173)

Parents' feelings of fear also affected their desires to seek support from their semi-formal or formal social contacts (Davies & Harman, 2017; Donetto & Maben, 2015; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, &

Wilson, 2010). Though parents who had successfully connected with other parents and support volunteers acknowledged that they were great sources of support, they confessed that the initial experiences of meeting other parents and volunteers and seeking support from them were highly fear-triggering (Davies & Harman, 2017; Donetto & Maben, 2015; McLeish & Redshaw, 2015). Besides them, parents who received the support of professionals also appreciated how the initial support received had helped them to overcome their fear and engendered more support sources (Donetto & Maben, 2015). Nevertheless, findings in two of the studies indicated that parents still expressed experiencing a high level of fear towards the thought of seeking professional support (Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). For some of these parents, negative memories of being rejected, patronised and demeaned by professional support workers in the past triggered fear of being made to go through similar experiences again. For others, the possible risk of leaving a negative record and losing their children, the shame involved in going against cultural norms and seeking help, and the negative identification, labelling or stereotyping all elevated parents' fear and deterred them from seeking help from professional social supporters (Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Hence, although this fear brought professional support for some parents, it deterred most from seeking help or accepting the support that was offered to them (Bloomfield et al., 2005; Cosson & Graham, 2012; Davies & Harman, 2017; Donetto & Maben, 2015; Hogg et al., 2013; Jenkins & Coker, 2010; Lee et al., 2013; McLeish & Redshaw, 2015; Premberg et al., 2008; Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

“They need to start making playgroups and stuff way more accessible and a bit more knowledgeable. They need to tell people what playgroups are about and really push them because they would be amazing for him but I don’t know where they are and I don’t know how to access them...and they need to take the fear away from them because they’re terrifying.” (Davies & Harman, 2017, p. 284)

"...I was nervous to come down here on my own to the [baby class]. ... [The family support worker] met me at my house and actually walked me down here ... and she came in with me. ... Without that I would never have got out and I wouldn't have got the friends that I've got now so..." (Donetto & Maben, 2015, p. 2564)

"Since that happened [being turned down for a food voucher] I don't want to be turned away again or be judged. People judge a lot. Charities need to prioritise people more. I really needed help but they couldn't help me. They didn't refer me anywhere else." (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438)

Subtheme 4.3: Expectations on support. Parents' expectations on what support constituted and how aligned these expectations were with those of their social supporters also impacted who they received or accepted support from (Hamilton & White, 2010; Hjälmhult et al., 2014; McLeish & Redshaw, 2015; Premberg et al., 2008; Stenhammar et al., 2012). While social supporters with different expectations on support had been perceived by some parents as failing to provide the right support at the appropriate time, others acknowledged that they have also rejected or resisted seeking the support of social supporters who held different views and expectations from them. Findings in six of the studies revealed how these differences in expectations have caused parents to feel negatively about the support offered by their various groups of social supporters (Hamilton & White, 2010; Hjälmhult et al., 2014; McLeish & Redshaw, 2015; Premberg et al., 2008; Stenhammar et al., 2012).

In two of the studies, parents disclosed that their expectations on what support constituted and how it should be provided, were different from those of their spouses or partners (Hamilton & White, 2010; Premberg et al., 2008). While spouses or partners might have portrayed high levels of willingness and given support as requested, parents confessed that they resented the need to ask and expected support to be provided proactively by their spouses or partners (Hamilton & White, 2010). This misaligned expectation caused parents to feel that their spouses or partners were insensitive to their needs. Though fathers might hold the convictions and strong support for their

wives or partners to continue pursuing their interests and maintaining an individual identity, providing support in a reactive manner communicated a different message and caused parents to feel that their needs, interests and individual identity were being ignored (Premberg et al., 2008). Consequently, as reflected by the quotes below, parents continued to feel insufficiently supported, even if this misaligned expectation did not deter them from seeking their spouses' or partners' support (Hamilton & White, 2010; Premberg et al., 2008).

"I wish that my husband understood what it feels like to be at home with the baby. Like I think women feel so much better when they're active, men do too, but I don't think my husband really understands. I wish he would make more of an effort to take time off my hands so I could do more exercise." (Hamilton & White, 2010, p. 581)

"If I would rather go fishing it's no problem, my wife stays at home and takes care of the child. But it's the same if she wants to go. It's important to continue to be yourself and not just be a parent. To remain being the person you are and not sacrificing, of course if you have to but not if it's not necessary. Then it's easier to be happy to remain being the person you are." (Premberg et al., 2008, p. 59)

"You know, if I asked or said to him I need you to look after Sammy for an hour 3 days a week so I can go exercise, he'd go yeah no worries. But I resent having to ask." (Hamilton & White, 2010, p. 578)

Besides that, differences in reasons for joining parent groups and connecting with other parents were found to influence parents' expectations and reactions towards receiving or not receiving the expected support during the group meetings (Hjälmhult et al., 2014). For instance, participating in a parent group meeting held at a children's clinic have engendered expectations of receiving parenting advice and other tangible parenting-related support from other parents and professionals. However, when these expectations were not fully met, parents reported questioning the purpose of holding the meeting at the venue and asserted that they did not benefit from the group meeting. Likewise, parents who did not join for the purpose of seeking information noted that

the meeting took a different direction, when new joiners requested for more facts and information during the meeting (Hjälmhult et al., 2014).

“She only asked two questions initially: how we are and whether we sleep enough. The next hour she said nothing more. The groups meeting are okay, however, and we have fun, but why are we at the well-child clinic? We could have been alone at a cafe as well.” (Hjälmhult et al., 2014, p. 2984)

“Our group is mostly social; we have a network otherwise, but it is nice to see each other. Professionally, I have not got that much benefit from it, but now I’ve been through it once before, and I have health education, and then we have the Internet.... in our group we were joking about ‘the government says that’ – because we are told what to do all the time.” (Hjälmhult et al., 2014, p. 2985)

“The meeting takes another direction when [new] fathers join the group; they want more facts.” (Hjälmhult et al., 2014, p. 2984)

Differences in expectations of what constitutes the parent-volunteer support relationship also affected parents' views on the perceived effectiveness of the support rendered by peer volunteers (McLeish & Redshaw, 2015). In the study conducted by McLeish and Redshaw (2015), parents confessed a yearning for their volunteers to become long-term friends or for support to be offered more frequently. However, when this was not met by volunteers who held different expectations, parents expressed their dissatisfaction, both with the relationship and with the support given. Reports on similar expectations towards professional social supporters also revealed that when their expectations were not met, parents not only felt inadequately supported and did not regard them as effective support sources, it hindered their desire to seek support from these professionals or volunteers again (McLeish & Redshaw, 2015; Stenhammar et al., 2012).

“I would like we are friends forever, friends for life.” (McLeish & Redshaw, 2015, p. 10)

“She’s like your friend, obviously she’s not a friend.” (McLeish & Redshaw, 2015, p. 9)

"...I'm aware she's a volunteer, you don't want to take up too much time. (It would be better if there was) more frequency, maybe more regular time slot..." (McLeish & Redshaw, 2015, p. 7)

"The Child Health nurses are parenting experts, and they could come to the preschool to support parents, teachers and even the children... Moreover, the nurses should be available for discussions with parents when families come for health examinations." (Stenhammar et al., 2012, p. 212)

Interestingly, even towards support sources that provided indirect support, parents conceded that they still held expectations on what types of support should be provided (Stenhammar et al., 2012). For instance, parents in the study conducted by Stenhammar et al. (2012) professed a strong desire for schools to standardise health guidelines and more proactively coach and help parents raise children with a healthy lifestyle. Parents also expressed a similar expectation towards the public and believed the public, particularly law-makers and politicians, bore equal responsibility in helping them to advocate a healthy lifestyle in children. These expectations were conveyed explicitly through the quotes of parents below. Nevertheless, when school practices and media messages failed to meet this expectation and sent contradicting messages, parents were left feeling unsupported and believed that these two support sources were unwilling to provide support to them (Stenhammar et al., 2012).

"Preschool affects our children's lifestyle. Children spend all day there... preschools should have the mission to coach parents to raise children with healthy lifestyles... parents groups for instance..." (Stenhammar et al., 2012, p. 212)

"Well, I think society has a responsibility for our children's lifestyle, since the politicians make the laws. I believe in early prevention." (Stenhammar et al., 2012, p. 212)

Subtheme 4.4: Reciprocal support. Parents' views on reciprocal support were found to affect parents' acceptance of support and the sources they would accept support from (Andrews et al., 2015; Hamilton & White, 2010; Hogg & Worth, 2009; Jenkins & Coker, 2010; Winkworth,

McArthur, Layton, Thomson, & Wilson, 2010). When reciprocal support was perceived positively, parents not only accepted the support given but also saw it as an opportunity for them to reciprocate and offer support to their social contacts. However, when reciprocal support was perceived as negative, parents were found to actively refuse or reject the support given, to avoid the negative implications that may accompany it (Andrews et al., 2015; Hamilton & White, 2010; Hogg & Worth, 2009; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

Among the various sources, parents in two of the studies shared that their experiences of seeking and reciprocating the support given by friends and neighbours were positive, as the support received or given involved either intangible forms or required only minimal exertion of effort (Andrews et al., 2015; Hogg & Worth, 2009). Due to their depth of relationships and similarity of experiences with these close friends, parents were able to quickly understand their friends' situations to offer the right support or gain their understanding and be provided the support needed (Hogg & Worth, 2009). Likewise, parents who had sought and offered minor help to their neighbours, like borrowing or lending a needed item, recognised that these experiences of reciprocal support have helped them to become more acquainted with their neighbours and, in turn, minimised or eliminated their hesitancy to seek their neighbour's help again (Andrews et al., 2015).

"We're all good friends, we can talk and, you know, pull each other up... we're in the same position. We talk about what's happening, and we've all got the same problems." (Hogg & Worth, 2009, p. 33)

"...And like now if I run out of milk I'll just run over there... You know it actually quite clichéd but we've actually borrowed sugar and stuff off each other." (Andrews et al., 2015, p. 45)

Parents in the studies conducted by Winkworth, McArthur, Layton, Thomson, and Wilson (2010) and Jenkins and Coker (2010) also revealed similar positive experiences of giving mutual support. Although they only listened to the experiences of other parents and shared their parenting experiences with them, parents in these studies found that this reciprocal support not only enhanced their sense of group belonging, it also fulfilled their desire to make valuable contributions

to the lives of others (Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Hence, these studies' findings confirmed that when reciprocal support was viewed as constructive and effective in helping them and others to overcome the challenges faced, parents were more willing to engage in mutual support again, especially with those with whom they have had positive experiences receiving and giving support (Andrews et al., 2015; Hogg & Worth, 2009; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). The quotes below expressed parents' desire to engage in reciprocal support with other parents, as they saw the positiveness of such mutual support engagements:

"I would have loved to know about other parents going through this same experience. We could have shared stories and helped each other." (Jenkins & Coker, 2010, p. 173)

"I'd really like to meet people who I felt I had something in common with... I want to feel I belong somewhere... that I'm able to give as much as I take... I don't like to be somewhere and just be in need of help, I like to be somewhere where I can look after my kids and whatever I do in addition to that, be a valuable contribution to the environment that I'm in." (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 437)

Nevertheless, parents in one of the studies reminded that reciprocal support might not always be viewed positively (Hamilton & White, 2010). Notably, when parents doubted that they have the ability to provide mutual support and believed this inability to reciprocate would cause damage either to their relationships with their social contacts or to their self-esteem, parents would more likely refuse the support offered. As per the quote below, it explained why parents in this study rejected the parenting or caregiving support offered as their fear of burdening another parent and their reluctance to reciprocate and undertake the additional responsibility of looking after another's child caused them to view 'reciprocal support' as negative (Hamilton & White, 2010). Therefore, views on reciprocal support and what it involved encouraged those who perceived it as a positive act to accept support, but deterred parents who saw it as a negative act from accepting the

support of others (Andrews et al., 2015; Hamilton & White, 2010; Hogg & Worth, 2009; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

“I find looking after 2 kids and running a household is more stressful than I’ve found anything else I’ve done... Having an agreement with another mum where I look after their kids and they look after mine so we can do exercise would feel a bit like having a binding contract. And I don’t need that extra pressure at the moment.” (Hamilton & White, 2010, p. 581)

Subtheme 4.5: Social Comparison. This last subtheme described how parents’ tendency to compare themselves against others, or their children against other children, either motivated them to stay connected with their social supporters or encouraged them to withdraw from these potential sources of support (Davies & Harman, 2017; Hjälmhult et al., 2014; Strange et al., 2018). Hence, social comparison affected parents’ access to the various support sources, even if it might not determine whether parents would accept or reject the support.

Although such social comparison may occur in any relationship, parents in three of the studies reported this as an influencing factor only in their relationships with other parents, whom they connected with via various online and offline platforms (Davies & Harman, 2017; Hjälmhult et al., 2014; Strange et al., 2018). In the study conducted by Hjälmhult et al. (2014), parents acknowledged that meeting other parents and children and comparing their parenting experiences or their children’s development with these new contacts, were important motivators that encouraged them to maintain the social connection. For these parents, the comparison not only helped to confirm if their parenting experiences and their children’s development were following a normal trajectory, by way of similarities and differences, it also helped parents to connect with those who shared similar experiences and enabled them to seek support from these social contacts. Therefore, this social comparison aided parents in finding the right support source for seeking appropriate support (Hjälmhult et al., 2014).

"We figured out jointly that it was a good thing that we all were first-time mothers and that all four had girls. The WCC was initially a constantly comparing template: the development and growth. I certainly felt that, with my child's development – 'You must follow the curve!' (Hjälmhult et al., 2014, p. 2983)

"Two of us breastfed and two did not; this was a recurring theme. We who breastfed strived more, the kids awoke more during the night and increased less in weight than those who got a bottle: they were big and stout. It was conspicuous how they varied. I am glad that there were two of us." (Hjälmhult et al., 2014, p. 2983)

However, social comparison has sometimes been found to obstruct social connections (Davies & Harman, 2017; Strange et al., 2018). Davies and Harman (2017) and Strange et al. (2018) observed that parents were often negatively impacted by social comparison, as the positive propagandas of other parents engendered a sense of inadequacy in parents, whose experiences were the direct opposite. This act of comparing themselves or their experiences with other parents and friends not only elevated parents' self-consciousness, it also caused them to become fearful or worried about how others might be judging them. As a result, some parents withdrew from their social contacts to alleviate their fear of social judgement. This, in turn, led to a reduction in the number of support sources these parents could have access to and depend on (Davies & Harman, 2017; Strange et al., 2018). The quotes below revealed how parents were affected by social comparison and were caused to feel negatively supported. Thus, social comparison helped to increase social connections for some parents, but caused a reduction for others (Davies & Harman, 2017; Hjälmhult et al., 2014; Strange et al., 2018).

"Online communication has shown me that other parents share similar experiences to me by way of photographs and captions describing such experiences. On the other hand parental pride expressed in this medium can, at times, make me feel inadequate as a parent...doh!" (Strange et al., 2018, p. 173)

"It's just bad because there's so many random personalities, and it's a bit of a competition, like who has this and who does that...it doesn't really help when I'm sitting there thinking should I say that or shouldn't...and it also doesn't help that I don't have much to talk about other than the baby." (Davies & Harman, 2017, p. 283)

In conclusion, the above findings demonstrate that parents can be differentially influenced by various factors that are within them, their social contacts, the environment or arising from their relationships with those who were providing the support needed (Andrews et al., 2015; Hamilton & White, 2010; Hjälmhult et al., 2014; Hogg & Worth, 2009; Lee et al., 2013; Winkworth, McArthur, Layton, & Thompson, 2010). Additionally, factors that engendered positive reasons and encouraged some parents to seek support, might be the very factors that deterred other parents from seeking or accepting support from the same source. This could be due to either that the same factor was experienced positively one parent but negatively by another, or because the factor triggered different interpretations for different parents (Andrews et al., 2015; Hamilton & White, 2010; Hjälmhult et al., 2014; Hogg & Worth, 2009; Lee et al., 2013; Winkworth, McArthur, Layton, & Thompson, 2010). For instance, in possessing similar life experiences, some parents were positively supported by social contacts who could empathise and offer appropriate assistance, due to their having been through similar challenges, while others were negatively supported by social contacts who believed that this similarity of experiences gave them the right to be obtrusive and to advocate certain parenting practices (Bloomfield et al., 2005; Cosson & Graham, 2012; Donetto & Maben, 2015; McLeish & Redshaw, 2015; Stenhammar et al., 2012; Strange et al., 2018). Likewise, this 'similarity of life experiences' was perceived as a motivation for parents with a strong desire to connect with other parents who could quickly understand their challenges and offer support (Hogg et al., 2013; Jenkins & Coker, 2010; Kearney & Fulbrook, 2012; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). However, it was a considerable barrier to parents who did not want to be identified only as a 'parent' or to engage in conversations with others only on topics relating to parenting and their children (Davies & Harman, 2017; Premberg et al., 2008). Therefore, it may be

important to discuss why these factors could be experienced or interpreted differently by parents.

Finding the cause that created or triggered these differences may better prepare social supporters to offer the right support in the right way. It may also help parents to understand why they were influenced by the factors mentioned, thereby encouraging parents to seek or accept support when they needed it (Andrews et al., 2015; Hamilton & White, 2010; Hjälmhult et al., 2014; Hogg & Worth, 2009; Lee et al., 2013; Winkworth, McArthur, Layton, & Thompson, 2010).

Chapter 5: Discussion

The primary objective of this systematic review was to provide a comprehensive review of the literature that recorded parents' views towards social support given to them by members of their various social support sources. It also aimed to discover their rationale behind accepting or rejecting the support provided by social contacts from the various support sources. Underpinning the goal of this review are two research questions:

1. Who do caregivers turn to and seek support from, when faced with role-related challenges, while caring for young children?
2. Why do caregivers choose to seek or refuse support from a support source?

Support might be sought from or offered by informal, semi-formal or formal sources. The informal sources comprise five main groups of social companions, namely (a) family members, (b) spouse or partner, (c) close friends, (d) neighbours, and (e) colleagues, while the semi-formal sources consist of four groups of social contacts and they are (a) other parents whom parents met at parent groups, schools or organised activities and events, (b) support volunteer or peer supporters, (c) teachers and staff members of children's preschool, and (d) members of the public. The formal sources constitute professional supporters such as psychologists, counsellors, doctors, healthcare workers, nurses, midwives, health visitors, and staff members of governmental and non-governmental welfare organisations. Alternatively, support may be provided by any of the aforementioned social companions but giving only intangible support forms, like encouragement or advice, through digital platforms or print media. The support given by this mixed support source is therefore only received virtually by parents.

A total of 19 research studies was identified and included in this review. The COREQ checklist (Tong et al., 2007) was used to assess the quality of the reporting for each study, where high quality indicates explicit and comprehensive descriptions of the (a) characteristics of the research team and their relationship with the participants involved, (b) methodological orientation,

(c) sampling methods and sample size, (d) data collection procedures, (e) data analysis process, and (f) results or findings were provided in the report (see Table 2.2 and Appendix A for more descriptions). The assessments conducted by the primary author and her supervisor, using the COREQ checklist, showed that all the included studies were of moderate to high quality (see Appendix C).

The extracted data were synthesised and inductive thematic analysis was employed to analyse and derive the themes revealed by the data. A total of four major themes and 19 subthemes was identified, each explaining the factors that have influenced parents in their decisions to accept or reject support given. The subthemes 'distance', 'time', 'availability' and 'information' revealed how each of these factors affected caregivers' access to their desired or reachable support sources and their ability to accept or reject the support that was offered to them. The subthemes 'strength of relationship', 'social inclusion versus social exclusion', 'opportunity to build relationship' and 'interest in building relationship' affirmed the importance of relationship in influencing parents' support-seeking decisions. The subthemes 'similarity of life experiences', 'relevancy and practicality of supporter's knowledge or experience', 'supporter's obtrusiveness', 'sensitivity to parent's needs', 'quality of parenting support' and 'affirmation of parent's goals or interests' explained the positive and negative characteristics of the social supporters or of the support given that have encouraged or deterred parents from accepting the support. The last group of subthemes, 'guilt', 'fear', 'expectations on support', views on 'reciprocal support' and social comparisons' disclosed factors within the parents that are influencing their support-rejection or support-acceptance decisions. One or more of these factors could affect who parents decide to seek support from, and their experiences of support offered by their informal, semi-formal, formal social contacts or from a mixed source of contacts, with whom they were virtually connected. While informal contacts might be parents' most commonly depended on or preferred source of support, these listed factors might work to influence parents or to make other social contacts a more effective support source for them.

Although this systematic review was initially intended to investigate and analyse the rationales behind parents' and teachers' decisions to accept or reject support, only three research studies provided qualitative data on teachers, while 19 studies provided data on parents (Mahmood, 2013; Melasalmi & Husu, 2018; Wells, 2017). The limited amount of data provided by these three studies made it difficult to gain a comprehensive understanding of the teachers' rationales behind their choice of support source and support-seeking or support-rejection decisions. Additionally, it would be inaccurate to deduce teachers' rationales and attempt to generalise the findings collected from a highly limited number of interviewed teachers to the wider population of preschool educators. Hence, the discussion in this section will be limited to the findings on parents' rationales behind their support-seeking, support-acceptance or support-rejection decisions. The findings of this systematic review described the enactment of the three models and the validity of the three theories underlying the respective models (Cohen & Wills, 1985; Lakey & Cohen, 2000; Miller & Sambell, 2003). This chapter of the review will discuss how the aforementioned was shown. Though no parents reported being impacted by most, if not all, of the factors listed, the discussion below will explain how parents' endorsement of the social support perspectives, and their related models, might incline them to make their support-seeking decisions based on one or more of the listed factors.

Influence of Stress and Coping Perspective on Parents' Decision

According to the stress and coping perspective, social support is crucial to individuals who are facing stressful events, as the support provided by others can assist them in coping with the situation and help them to avoid experiencing stress reactions or negative affect (Cohen & Wills, 1985; Lakey & Cohen, 2000; Taylor & Stanton, 2007). As one faces challenges and possesses insufficient personal resources to overcome those stressors, the undesirable prospect of losing control of their situation and being forced to abandon their goals or desired activities can trigger elevated feelings of distress (Ang & Loh, 2019; Carver, 2007; Lakey & Cohen, 2000; Lazarus &

Folkman, 1984, as cited in Ray & Ritchie, 1993). Those who experienced repeated failure in overcoming their challenging circumstances may eventually form doubts about their abilities, lose confidence in themselves and become prone to perceive every stressful event as threatening or uncontrollable (Hamama et al., 2013; Lakey & Cohen, 2000). These can, in turn, lower their sense of self-efficacy and self-esteem, and cause them to make negative behavioural adaptations, in an attempt to manage their negative emotions and stress reactions, that only bring about long-term ill-effects to their health and wellbeing (Carver, 2007; Cohen & Wills, 1985; Izzo et al., 2000). On the other hand, those who were given additional resources by their social supporters, or found that they have the ability to mobilise others to provide the support needed, may feel more confident and efficacious about their ability to overcome those stressful events (Kassam, 2019; Kerksieck et al., 2019; Lakey & Cohen, 2000). Given the required information, emotional encouragement, financial resources or any other tangible or intangible resources, individuals who combined them effectively with their existing resources may find themselves not only having sufficient resources to face the current stressful events but also able to conserve some resources for future challenges (Lazarus & Folkman, 1984, as cited in Ray & Ritchie, 1993). Hence, these individuals are more prepared to face and overcome the interferences that are preventing them from reaching their goals and less likely to experience feelings of stress (Ang & Loh, 2019; Carver, 2007).

For parents who covertly endorse this perspective, the dispensing model of support may be the most important and most adequately explains their rationale behind seeking or accepting support (Cohen & Wills, 1985; Miller & Sambell, 2003). Since the primary purposes for seeking or accepting support are to overcome present challenges, avoid experiencing negative emotions or stress reactions, and conserve some resources for future challenges, the support provided to them by their social contacts should fulfil most, if not all, of these purposes (Hamama et al., 2013; Lakey & Cohen, 2000; Ray & Ritchie, 1993). Dispensing the appropriate information or advice to help parents overcome their struggles is thus seen as most crucial as it can also help to alleviate their stress responses, when parents begin to perceive their challenging event as less threatening or

uncontrollable (Miller & Sambell, 2003; Ray & Ritchie, 1993). Additionally, quick resolution of their current challenges will ensure that fewer resources are used up and more could be reserved for the future. This also justifies why parents in six of the studies had reported resisting the support of those who lacked the helpful information for overcoming their challenges or the information that would lead them to successfully accessing the most appropriate support (Davies & Harman, 2017; Hogg et al., 2013; Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015; Premberg et al., 2008; Winkworth, McArthur, Layton, & Thompson, 2010). Not knowing who could dispense this needed information not only made it difficult for them to reach out for support, it also hindered them from perceiving their social contacts as possible support sources. Likewise, parents in the study conducted by Premberg et al. (2008) found that the professional support they had received was “not so useful” as the childbirth information only gave them a sense of security, but it was impractical in overcoming the actual stressor (p. 58). These findings on the factor ‘information’ thus supported the ‘stress and coping’ perspective on social support and the importance of its related ‘dispensing model’ (Cohen & Wills, 1985; Davies & Harman, 2017; Hogg et al., 2013; Kearney & Fulbrook, 2012; Lakey & Cohen, 2000; McLeish & Redshaw, 2015; Miller & Sambell, 2003; Premberg et al., 2008; Winkworth, McArthur, Layton, & Thompson, 2010). It also explained why, though parents felt overwhelmed by the huge amount of information online, it did not deter them from accessing online support as it fulfilled at least one, and the most important, purpose of the three, even if the information was sometimes conflicting (Strange et al., 2018).

Similarly, expecting parents to willingly seek or accept support from sources that may trigger feelings of guilt, fear or anxiety, in the process of seeking help, would seem irrational and impossible (Cosson & Graham, 2012; Hamilton & White, 2010; Hogg et al., 2013; Jenkins & Coker, 2010; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). At a time when they are already facing insurmountable challenges, enduring unpleasant feelings of distress and feeling incapable of overcoming any of those, approaching these sources would mean that parents are allowing or subjecting themselves to greater risk of experiencing elevated negative

emotions, without any assurance or guarantee of being sufficiently compensated with effective help. Hence, it stands to reason that parents in the studies had resisted or avoided seeking or accepting support from social contacts within the semi-formal or formal sources, as the course of action only seems unprofitable and unwise (Cosson & Graham, 2012; Hamilton & White, 2010; Hogg et al., 2013; Jenkins & Coker, 2010; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Their past personal adverse experiences or the shared stories of others had already informed them of the high degree of certainty that they would have to endure being demeaned, patronised or ignored by their social supporters from these sources, before standing any chance of receiving forms of effective support (Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Thus, parents in the included studies explicitly described how their fear of going against cultural norms and facing social judgement, fear of admitting insufficiency, as well as their fear of being humiliated or ignored again have deterred them from accepting the support offered by social supporters from various sources (Cosson & Graham, 2012; Hogg et al., 2013; Jenkins & Coker, 2010; Winkworth, McArthur, Layton, & Thompson, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Parents who felt burdened by the guilt of not fulfilling their parenting responsibilities and passing these responsibilities to their social supporters also found it difficult to seek or accept support (Hamilton & White, 2010). They disclosed in the study conducted by Hamilton and White (2010) that, despite knowing the support provided might potentially and appropriately overcome their challenges, this negative feeling had deterred them from seeking or accepting support offered.

On the other hand, parents who received practical help or advice from their knowledgeable or experienced informal, semi-formal and formal contacts described how the support received also relieved their feelings of guilt, stress and anxiety (Donetto & Maben, 2015; Hamilton & White, 2010; Hogg et al., 2013; Jenkins & Coker, 2010; Jose et al., 2019; Kearney & Fulbrook, 2012; Lee et al., 2013; McLeish & Redshaw, 2015; Premberg et al., 2008). For instance, parents who received quality parenting support from family members, spouses or partners felt that their feelings of guilt,

triggered by their inability to attend to their children's needs, were counteracted by the knowledge that these needs will still be effectively met by their trusted social supporters (Hamilton & White, 2010). Hence, the support provided these parents not only relief and time off to cope with other concerns or their personal need for respite, it also alleviated their stress of having to juggle multiple responsibilities, their guilt at not being able to attend to their children and their fear of leaving their children in the hands of untrustworthy caregivers who might endanger their children's emotional health (Hamilton & White, 2010; McLeish & Redshaw, 2015). Likewise, the practical advice, encouragement and assurance, or assistance given by other parents, support volunteers and professional child health nurses, who had the relevant knowledge or similar experience, were important in helping parents to cope and to feel less burdened (Donetto & Maben, 2015; Hogg et al., 2013; Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015). Through social supporters' sharing of authentic parenting experiences, giving helpful answers to the questions posed, or provision of tangible help like giving health checks to their children or assisting with language translations, parents get to bridge their knowledge gap, know what to anticipate and be ready for what is to come. Hence, these different forms of support helped parents to cope with the current situations and prepare them for future challenges. They also removed their fear of the unknown and assured them that their challenging circumstances are both normal and can be overcome (Donetto & Maben, 2015; Hogg et al., 2013; Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015).

The abovementioned demonstrate that parents who are seeking support to help them to cope with the stressors and to relieve them from feelings of distress will prefer and accept the support of those who can assist them in achieving both purposes (Cohen & Wills, 1985; Taylor & Stanton, 2007). Parents who received appropriate information or effective assistance, from knowledgeable or experienced social contacts, to help them cope with the challenging events will eventually feel an alleviation of their stress or negative emotions. This occurs when they have gained sufficient confidence or success in overcoming the events and begun to perceive them as less threatening (Cohen & Will, 1985; Hogg et al., 2013; Izzo et al., 2000; McLeish & Redshaw, 2015;

Premberg et al., 2008). On the other hand, those who did not receive such support and remained unsuccessful in overcoming their problems, even after repeatedly using their diminishing personal resources to find the right solution, may eventually become pessimistic about their situation (Carver, 2007; Lakey & Cohen, 2000). Instead of actively reaching out to other potential social supporters for resources, these parents may give up on finding solutions (Carver, 2007; Cohen & Wills, 1985; Izzo et al., 2000; Lakey & Cohen, 2000). Some may also resort to negative behavioural adaptations, like alcohol and drug consumption, to momentarily remove their consciousness from the challenging events and temporarily alleviate their negative feelings.

Interestingly, some parents in the included studies also reported receiving support that only fulfilled the first purpose of coping with the stressor, but did not meet the second purpose of relieving their feelings of distress (Premberg et al., 2008). Although none of these parents rejected such support, parents declared that the support was seen as less effective than that which fulfilled both purposes (Premberg et al., 2008). Additionally, parents revealed that they had rejected the support that was only helpful in coping with the situation but concurrently elevated their negative emotions (Hamilton & White, 2010). For instance, parents rejected the support offer of other parents, despite knowing they would provide appropriate parenting assistance. The concurrent feelings of guilt triggered by the thought of burdening other parents greatly hindered them from accepting the help offered. Therefore, while the support given is appropriate for the situation, the elevated negative feelings like fear or guilt still hindered and caused the parents to perceive the support offered as undesirable (Hamilton & White, 2010; Jenkins & Coker, 2010; Lee et al., 2013; McLeish & Redshaw, 2015).

Influence of Relationship Perspective on Parents' Decision

Parents who conceived their social supporters, as well as the support offered to them, according to the relating model disclosed implicit support for the relationship perspective (Lakey & Cohen, 2000; Miller & Sambell, 2003; Taylor et al., 2015). To these individuals, social support is a

reflection of their social relationships with others. Although the support received should still assist individuals in coping with their situation, they believe it should also validate their feelings and acknowledge their effort (Miller & Sambell, 2003). Additionally, receiving support signifies that others value them to the extent that they are willing to make sacrifices and share their resources with them (Hobfoll, 1989, 1998, as cited in Carver, 2007; Taylor et al., 2015). All these are believed to be contingent upon the quality of the relationship and can only be achieved when there is a strong relationship between the provider and recipient of social support. Hence, those who integrate themselves within their social communities and are well-connected with others, should receive more social support than those who are less successful in these two aspects (Lakey & Cohen, 2000; Taylor et al., 2015). Moreover, the presence of supportive social companions suggests that they are not only facing low social conflict but also possess the right social skills to maintain positive relationships (Chung & Chen, 2018; Lakey & Cohen, 2000; Simões & Calheiros, 2019). Therefore, receiving support is an affirmation of the individual's identity as a valued person and a validation of their effort and ability or skills in establishing and maintaining social bonds (Lakey & Cohen, 2000; Miller & Sambell, 2003; Taylor et al., 2015). This affirmation and validation will also help to elevate their sense of self-esteem, self-concept and confidence, and consecutively promote active coping and engender positive emotions, when their ability brought about successful coping and eventually helped them to overcome their challenges (Chung & Chen, 2018; Lakey & Cohen, 2000; Simões & Calheiros, 2019).

Due to this significance, parents endorsing this perspective may possess an innate need or desire to stay close to their familiar social networks, so they can remain socially integrated (Bloomfield et al., 2005; Davies & Harman, 2017; Hogg & Worth, 2009; Lakey & Cohen, 2000; Taylor et al., 2015). The established relationship, that is believed to have led to their social contacts' supportive behaviour and parents' memory records of reciprocal or unidirectional support experiences, gives them the confidence that they will be offered resources again, when they need it (Carver, 2007; Taylor et al., 2015). Relocation and physical separation from these validating family members, friends and other informal social contacts thus become unwelcome ventures as the

geographical distance would no longer permit parents to reach them easily (Davies & Harman, 2017). Additionally, the distance made it evident that they are no longer socially embedded within their preferred communities (Bloomfield et al., 2005; Lakey & Cohen, 2000; Taylor et al., 2015). This explains why some parents in the included studies found it stressful and felt less supported, when they were no longer staying near close kin and friends (Bloomfield et al., 2005; Davies & Harman, 2017). Furthermore, when attempts to form new relationships only left them feeling socially excluded, they instinctively withdrew from these social circles to avoid facing possible unwanted social conflicts or being perceived as lacking the social skills needed to form connections with new acquaintances (Andrews et al., 2015; Chung & Chen, 2018; Hogg & Worth, 2009; Lakey & Cohen, 2000; Simões & Calheiros, 2019). Additionally, since repeated experiences of being excluded by either the same group or various groups of new acquaintances might trigger beliefs that they had been stigmatised or judged as inadequate and unworthy, both as a parent and as an individual, parents might immediately withdraw from anyone who was attempting to show interest in them or their activities (Andrews et al., 2015; Hogg & Worth, 2009; Lakey & Cohen, 2000; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Instead of believing these new acquaintances were genuinely interested in forming and deepening their relationships with them, parents might perceive this as opportunities for others to further confirm those social stigma (Lakey & Cohen, 2000; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). This might, in turn, further hinder parents' interest in forming relationships with others (Andrews et al., 2015; Davies & Harman, 2017; Hjälmhult et al., 2014). The resulting weak relationships with these new social contacts would thus give parents no assurance that these individuals will be willing to make sacrifices and share their limited resources with them (Andrews et al., 2015; Hobfoll, 1989, 1998, as cited in Carver, 2007). The lack of relationship also tells parents that these social contacts are less likely to validate their feelings or acknowledge their effort, since they may have no knowledge of what the parents had done (Miller & Sambell, 2003). Hence, although parents knew they needed support, they consciously avoided requesting support from those whom they have yet to establish a relationship with or have

been excluded by (Andrews et al., 2015; Hogg & Worth, 2009). Instead, these parents either depended on their spouses or partners for support, or chose to cope with the challenges independently (Andrews et al., 2015; Bloomfield et al., 2005; Hamilton & White, 2010).

On the contrary, parents, who were given adequate informally- and formally-arranged opportunities to establish relationships with their neighbours, found it easier to seek occasional support from them, especially when it involved urgent but short-term help, like borrowing a needed item (Andrews et al., 2015; Donetto & Maben, 2015; Hjälmhult et al., 2014). Those who felt socially accepted by support volunteers, professional healthcare workers and other parents attending organised interest groups, also revealed organising and attending meetings with them regularly to share experiences or seek advice and other forms of support (Donetto & Maben, 2015; Hjälmhult et al., 2014). The reciprocal support between parents and their new social contacts both strengthened these new-found relationships and elevated parents' self-esteem, as parents knew they were no longer the only ones demanding support and were now able to return those favours and contribute equally to the lives of others (Andrews et al., 2015; Hogg & Worth, 2009; Lam, 2019; Ryan & Solky, 1996). Though these relationships might not have been long-established, the gradually increasing familiarity, the positive experiences of connecting with these new contacts, and the reciprocity of support all gave parents a sense of growing confidence that these individuals would eventually be comparable to family members and trusted friends, and could be depended on for support (Andrews et al., 2015; Donetto & Maben, 2015; Jenkins & Coker, 2010; McLeish & Redshaw, 2015; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

Therefore, parents endorsing the relating model, which is underpinned by the relationship perspective, will commonly seek and accept support only from those with whom they have an established relationship (Lahey & Cohen, 2000; Miller & Sambell, 2003; Taylor et al., 2015). Nevertheless, this is still on the condition that the acceptance or seeking of support will not negatively impact their relationships with the support providers or their self-esteem. If it is perceived as burdening another parent or lowering their self-esteem, as they are unable to

reciprocate the favour, parents have reported that they chose to reject the support offered rather than accepting it (Hamilton & White, 2010).

Influence of Social Constructionist Perspective on Parents' Decisions

For those who perceived their social supporters as educators of knowledge and supporters of their decisions, the reflecting model and its underlying social constructionist perspective may likely be the model and theory they are covertly endorsing (Lakey & Cohen, 2000; Miller & Sambell, 2003). To these individuals, their interpretations of others' actions will determine if those actions are judged as positive support or constitute supportive behaviour (Kelly, 1969, as cited in Lakey & Cohen, 2000). Hence, the same support behaviour may well be construed differently by two recipients of support. Compared to those who equated receiving support as surrendering their decisional rights and obeying the suggestions of others, individuals who construed others as giving them the necessary information to help them in their decision-making would likely perceive their social contacts as more supportive than those encountered by the former group (Lakey et al., 1996, as cited in Lakey & Cohen, 2000; Ryan & Solky, 1996). Additionally, the value or importance individuals placed on their life roles or identity could influence how they interpret the support given (Hiver et al., 2018). Those who placed higher value or importance on their roles and identities might appreciate and interpret others' actions that enhance their sense of autonomy and competence as 'supportive' (Hiver et al., 2018; Lee et al., 2013; McLeish & Redshaw, 2015). On the other hand, those who valued these to a lesser degree, may want to be told explicitly of actions they should take and thus perceive the failure to offer direct advice as being unsupportive. However, this lower importance does not mean that individuals would willingly surrender their rights to decision-making (Bloomfield et al., 2005; McLeish & Redshaw, 2015). Instead, they may prefer to receive sensitively expressed suggestions of a course of actions and still be given the right to decide whether or not to accept and implement them (Cosson & Graham, 2012; McLeish & Redshaw, 2015).

It therefore stands to reason that parents supporting this perspective would value the assistance and advice of those with similar life experiences (Hogg & Worth, 2009; Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015; Strange et al., 2018). Parents in the included studies revealed that support volunteers, professionals and other parents with similar experiences not only were able to provide competence-enhancing solutions, they also validated parents' experiences and effort through showing empathy and giving assurance (Cosson & Graham, 2012; Hogg et al., 2013; Kearney & Fulbrook, 2012). For instance, instead of discounting what parents did and advocating their views, these social contacts allowed parents to express their struggles, offered a range of solutions with their accompanying benefits and drawbacks, and allowed parents to determine how they wanted to be supported (Hogg & Worth, 2009; McLeish & Redshaw, 2015; Strange et al., 2018). Others understood parents' needs, even before they uttered them, and proactively offered different forms of support (Andrews et al., 2015). Therefore, the high sensitivity and unobtrusive attitudes displayed increased parents' trust that these social contacts were genuinely interested in enhancing their skills and competency. Those who readily recognised and affirmed parents in their pursuit of personal goals or interests were also regarded as 'preferred supporters' (Andrews et al., 2015; Cosson & Graham, 2012; McLeish & Redshaw, 2015). To these parents, the support received possibly exceeded their expectations (Stenhammar et al., 2012). Their affirmations attested parents' competence in juggling various social roles concurrently and validated their individual identity as beyond being just 'a parent' (Cosson & Graham, 2012; Hiver et al., 2018; Premberg et al., 2008).

On the other hand, social contacts who forcefully advocated their opinions left parents with a lowered sense of autonomy and caused them to construe that behaviour as unsupportive (Strange et al., 2018). Without showing any sensitivity to parents' feelings or their constraints, these social contacts unintentionally belittled or criticised parents' parenting practices by insisting on their changing and following the suggested practices (Hogg et al., 2013; Strange et al., 2018). While these social contacts might believe they were giving good advice and offering best practices, the negative interactions and the obtrusiveness displayed only reduced parents' sense of autonomy and

motivated parents to avoid seeking support from them (Hogg et al., 2013; Lakey & Cohen, 2000; Lam, 2019; Strange et al., 2018). Likewise, parents in the included studies reported feeling unsupported by family members, friends and colleagues who tried to dissuade them from holding any employment (Jenkins & Coker, 2010). Though these close kin and friends might perceive dissuading parents from juggling multiple roles as being supportive, their disregard of the value parents placed on their occupational role also discredited the parents' competency in handling those roles and their right to maintain an individual identity (Jenkins & Coker, 2010; Lakey & Cohen, 2000; Lam, 2019; Ryan & Solky, 1996). Hence, this apparent mismatch between social supporters' and parents' definition of support and what supportive behaviour constitutes only reduced the effectiveness of the support offered and received (Hamilton & White, 2010; Hjälmhult et al., 2014). Parents' continuing reluctance to explicitly express how they want to be supported and social contacts' continuing insistence on providing support in a way they deemed fit might eventually deter parents from wanting to seek support from them or any other social contacts again. Hence, it may be crucial for parents to communicate their expectations of support to their social companions and for these social companions to decide and acknowledge if they are able to meet those expectations of parents (Hamilton & White, 2010; Hjälmhult et al., 2014; Lakey & Cohen, 2000; Lam, 2019; Ryan & Solky, 1996). This will ensure the support given is provided in a way that is expected and best meets the parents' support needs.

Besides that, findings also indicated that parents with low interest in building new relationships felt less supported when they were offered the option of joining a parent group by professional healthcare workers (Hjälmhult et al., 2014). Although the intention of such offers was to provide these parents with access to more support sources, parents felt a reduced sense of autonomy as they believed they were compelled or obliged to accept the offer and had little control over their choice (Hjälmhult et al., 2014; Lakey & Cohen, 2000; Ryan & Solky, 1996). This caused parents to regard the professional healthcare worker's behaviour as unsupportive. The positive propaganda that stimulated social comparison on virtual platforms also left parents feeling more

incompetent or inadequate, especially when they realised that their parenting experiences were either not as positive or were more negative and challenging than those described by other parents (Davies & Harman, 2017; Strange et al., 2018). Though other parents might be attempting to provide encouragement through these portrayals of positive parenting experiences, they only triggered parents' unhelpful negative self-evaluations (Davies & Harman, 2017; Lakey & Cohen, 2000; Lam, 2019; Strange et al., 2018).

Therefore, though various social contacts might perceive themselves as offering support to parents, parents endorsing the social constructionist perspective might only accept the support of those whose supportive actions are also interpreted as autonomy- or competence-enhancing (Lakey & Cohen, 2000; Miller & Sambell, 2003; Ryan & Solky, 1996). If the support received also concurrently triggered negative social interactions or generated negative self-evaluations, parents would likely reject the support or avoid the support source altogether, even if they know that not every social contact within the source is displaying unsupportive behaviour (Hjälmhult et al., 2014; Lakey & Cohen, 2000; Lam, 2019; Strange et al., 2018). This total avoidance of all social contacts within a source would firstly imply that social contacts, who were more effective in providing the needed support but belonging to the same support source, might not be able to reach parents, even if they possessed a genuine desire as well as knowledge or experience to help them (Hjälmhult et al., 2014; Lakey & Cohen, 2000; Lam, 2019; Ryan & Solky, 1996; Strange et al., 2018). Secondly, parents might find themselves having access to increasingly fewer support sources, as a result of this, or depending on a restrictive number of support sources that might not even provide them with the most appropriate support needed. Thus, it is important to alert both parents and their social contacts to these implications so careful steps are taken to ensure the positiveness of each support experience is at least protected, even if not enhanced (Hjälmhult et al., 2014; Lakey & Cohen, 2000; Lam, 2019; Ryan & Solky, 1996; Strange et al., 2018).

The Importance of 'Time' and 'Availability'

Interestingly, 'time' and 'availability' were found to be highly important factors and capable of influencing parents' support-seeking, support-acceptance or support-rejection decisions, regardless of which model and theoretical perspectives were endorsed by them (Cohen & Wills, 1985; Davies & Harman, 2017; Lakey & Cohen, 2000; Taylor et al., 2015).

For parents supporting the 'stress and coping' perspective, 'time' and 'availability' were two crucial factors in determining the effectiveness of the support provided (Andrews et al., 2015; Cohen & Wills, 1985; Lakey & Cohen, 2000; McLeish & Redshaw, 2015). Social companions who were available at a time when parents needed the support, were regarded as more effective than those who were either unavailable or available only at a restricted time or period. For this former group of social contacts, their ability to promptly provide support helped parents to cope and allowed them to attend to different situations that were competing for their attention (Andrews et al., 2015; McLeish & Redshaw, 2015). Hence, parents in the included studies revealed that knowing who would be available at a particular time gave them the assurance that they had "back up" (Andrews et al., 2015, p. 43; Hogg et al., 2013, p. 1145). This also prevented them from feeling anxious or guilty in situations like not having someone to pick up their children from school or to drop them off at school (Andrews et al., 2015). On the other hand, family members, friends, support volunteers and professionals, who were unavailable or available only at specific times were regarded as less effective support sources (Davies & Harman, 2017; McLeish & Redshaw, 2015; Strange et al., 2018; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Since these social contacts could only be available at specific times, either due to time zone differences or other commitments, parents found it difficult to seek their advice and assistance or promptly receive their support (Davies & Harman, 2017; Hamilton & White, 2010). Additionally, the restriction on support duration placed by some support volunteers also limited the types of support parents could seek (McLeish & Redshaw, 2015). Hence, the time and availability of social contacts influenced parents' perception of their support

effectiveness, and whether parents would seek support from them again (Andrews et al., 2015; Cohen & Wills, 1985; McLeish & Redshaw, 2015).

Time and availability also indirectly reflected parents' relationship with their social contacts (Andrews et al., 2015; Lakey & Cohen, 2000; McLeish & Redshaw, 2015; Taylor et al., 2015). To parents endorsing the relationship perspective, social contacts' availability and the amount of time they are willing to spend on supporting the parents are both reflections of the depth of relationship with these social contacts or the degree of importance social contacts have perceived their relationships with parents to be. Social contacts who readily make themselves available, regardless of time, are therefore communicating to the parents that they have prioritised the parent and their relationship above all else (McLeish & Redshaw, 2015). This high value placed on the relationship helped to explain why social contacts were willing to inconvenience themselves or sacrifice their personal time, for the sake of supporting the parents (Carver, 2007; McLeish & Redshaw, 2015; Taylor et al., 2015). Conversely, social contacts who limited their availability or were unavailable, even when parents have pleaded for support, indirectly conveyed the message that they have placed their relationship with the parent on 'low importance' (McLeish & Redshaw, 2015). Consequently, these social contacts were unwilling to sacrifice and share their limited time resource with them (Carver, 2007; Taylor et al., 2015). For parents who were already low on personal resources and hoping to be supported by their social contacts, this knowledge might further overwhelm them, lower their self-esteem and trigger a sense of helplessness, as they know they would not be provided with any additional resources, even if they were needing it. This also justified why parents felt important and believed the support volunteers and professional healthcare workers were genuinely supportive, when these social contacts spent time answering their questions, showed interest in finding out how they were coping or rushed to their aid when they made support requests, and applied no restriction on the amount of time they spent on helping the parents (Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015). Compared to social contacts who did otherwise, parents felt they had a deeper relationship with and were better supported by social

contacts who prioritised parents' support needs above their own commitments (McLeish & Redshaw, 2015).

Lastly, social contacts' availability and the amount of time they were willing to spend with the parents, were found to be important factors in influencing parents' belief about their desire to provide competence- or autonomy-enhancing support (Kearney & Fulbrook, 2012; Lakey & Cohen, 2000; McLeish & Redshaw, 2015; Ryan & Solky, 1996). Since parents who are endorsing the social constructionist perspective judge support effectiveness based on the degree to which the supportive behaviour also enhances their competence or autonomy, social contacts who are available and unrestrictive about their time will likely be deemed as more effective, by parents, than those who are limited in time and availability (Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015). With their non-restrictive time and availability, these social contacts can readily and more adequately meet the support needs of the parents, giving either different forms of support or providing the support as frequently as needed. Hence, the findings revealed that the extensiveness of the support, given by social contacts who were available and unrestrictive on time, provided parents with the required time, knowledge and other resources needed to increase their role-related competency (Kearney & Fulbrook, 2012; Lakey & Cohen, 2000; McLeish & Redshaw, 2015; Ryan & Solky, 1996). On the other hand, social contacts who limited their availability, frequency of support or time with the parents were deemed by parents as less effective (McLeish & Redshaw, 2015). The inadequate time and availability provided to parents limited the type of support parents could ask for and disallowed them from asking for support when they most needed it. As a result, compared to the former group of parents, the latter group felt less effectively supported and less efficacious in their role as parents (Kearney & Fulbrook, 2012; McLeish & Redshaw, 2015).

Chapter 6: Conclusion

Implications of the Findings

These findings revealed two crucial implications. Firstly, support that is given without a knowledge of the theoretical perspective, and its accompanying model, endorsed by the parents may greatly reduce the effectiveness of the support and eventually cause parents to reject or avoid support from the source. Since caregivers seek support for an intended purpose and believe support given by any source should fulfil that purpose, it may be crucial for social companions to first understand parents' purpose for seeking support, before considering the type of support that is needed by the caregivers. Social contacts must be mindful that giving a type of support in a way that either contradicts caregivers' purpose for seeking support or fails to fulfil their expectations, may either cause them to actively resist support, as they believe social support brings limited benefits, or to reject social support altogether. Hence, social companions should take active steps to minimise personal factors that might hinder parents' support-seeking desires. For instance, in providing support to parents who endorse the social constructionist perspective, social companions should avoid being obtrusive. Instead, they might provide competence-enhancing support like offering advice on parenting strategies and allowing them to decide what to adopt.

Secondly, while it is important for social companions to understand the purposes or the social support theoretical perspectives endorsed by caregivers, caregivers should be aware of their own intentions or purposes for seeking support, as well as the environmental or personal factors that may be influencing their behaviour. This knowledge may help them to not only avoid factors that are hindering them, but also ensure that they approach the right source of social companions for support and explicitly inform them how they could be most effectively supported. Especially for caregivers endorsing the stress and coping perspective, for instance, knowing that their willingness to seek support is affected by their personal fears may encourage them to take active steps to learn

how to overcome these fears or to communicate their fears to those who can provide solutions to alleviate it.

Strengths and Limitations

With this being the first systematic review that analysed parents' access to the four types of support sources and their reasons for seeking or rejecting support from a particular source, this systematic review has contributed to the limited literature that is available on the support experiences of parents with young, typically developing children. Since research studies have shown that parents with young children often experience higher levels of stress than parents with older children, as the age of their children both limits their opportunities for respite and requires them to undertake the sole responsibility of their children's development, ensuring that these parents have access to support becomes highly crucial (Häggman-Laitila & Pietilä, 2007; Ray & Ritchie, 1993). Additionally, young and inexperienced parents are often fearful of seeking support, as they perceive that as an overt acknowledgment of their inadequacy as parents. Nevertheless, at a time when they have yet to master the knowledge and skills necessary to cope with the physically- and psychologically-demanding childrearing and caregiving responsibilities, providing them with the necessary support may be the only way to ensure they do not succumb to the challenges, thereby protecting them from developing psychological disorders (Fram, 2005; Häggman-Laitila & Pietilä, 2007; Keating-Lefler et al., 2004; Schmiegel, 2015; Wells, 2017). Although there are multiple studies on social support, most, if not all, had a research focus that was different from this review. Some investigated the types of support offered to parents of children with special mental health or developmental needs, while others examined the usefulness of organised support programmes or the effectiveness of support provided by individuals belonging to a specific support source. Hence, this review has helped to bridge this important knowledge gap in research. Through the qualitative data extracted from the 19 qualitative studies, the findings provided a glimpse into these parents' thoughts and feelings towards those who have provided them with support or from whom they have

sought support. Though the original research focus for some of the 19 studies was not on social support, parents' comments revealed the significance of those support experiences and how they had impacted their coping as well as their decisions to seek support again. Hence, it provided important insights into a topic and with a population of parents not frequently researched on, as parents might be both reluctant to acknowledge they have sought support and to describe what their support experiences were like, for fear of inviting negative social judgments. Moreover, unlike data collected through in-depth interviews and focus groups conducted with a single sample of parents residing within one locality or country, this review gathered the views and opinions of both mothers and fathers located in various countries and with different cultural, social and socioeconomic backgrounds. The sample of parents in this review may thus be more representative of the wider population of parents with young children, thereby increasing the generalisability of the results and experiences of parents seeking support.

While this review possesses many strengths, it also has some limitations that need to be addressed. Firstly, the extracted data may not fully capture the varied rationales behind parents' decisions to seek or reject support. Since the data of some studies were collected for a research purpose that was different from the topic of interest, such as investigating the physical activities of parents, the data might not have successfully recorded parents' views on support received for coping with general parenting- or caregiving-related responsibilities. Evidence selection bias may hence be present (Drucker et al., 2016). It is possible that parents may reveal reasons that are not currently captured in the available literature, if they have been asked to comment specifically on their rationale behind their support-seeking or support-rejection decisions, or on their experiences relating to receiving support from a specific source.

Secondly, with this being a review of qualitative quotes provided by parents, the interpretations of the extracted data and the assigned codes may be subjected to researcher bias (Mallett et al., 2012). The primary author's background, training, knowledge and preconceived ideas about the topic, could have influenced how the data were perceived and interpreted. Although

steps, like seeking her supervisor's advice and requesting for her to conduct independent analysis and coding of the data, were undertaken by the primary author to minimise this risk, there is still a possibility that having only two independent analysts and coders was insufficient to eliminate the risk of bias. The primary author and her supervisor might each be influenced by their personal biases. Additionally, since the data were not collected through first-hand interviews with parents, the primary author was unable to seek further clarifications from a parent, on any quote that appeared unclear. All these would therefore impact the accuracy of the interpretations, as well as the codes that were subsequently allocated. Having multiple independent analysts and coders may be required to more successfully eliminate this risk and consequently generate interpretations and codes that are different from the current findings.

Thirdly, the quality of the included studies may have been inadequately or inaccurately investigated or assessed. Although the COREQ checklist has been employed to assess the included studies and all studies underwent two rounds of independent assessments by the primary author and her supervisor, the COREQ checklist has its limitations (Buus & Perron, 2020; Tong et al., 2007). Despite its being widely endorsed as a comprehensive assessment tool for assessing qualitative research, the COREQ checklist is fundamentally a subjective formulation since its quality indicators and criteria on what should be considered essential for reporting were specifically determined by its original team of three developers (Buus & Perron, 2020). The absence of additional guidelines, given by the developers, for establishing the interpretations of the various criteria increased the risk of assessors' misinterpretations and provided room for confirmation bias to occur (Buus & Perron, 2020; Tong et al., 2007). Though the primary author attempted to minimise these risks by contacting and seeking further guidance from COREQ checklist's developers, and subsequently created a rating scale to standardise the interpretations, she recognised that the rating scale formulated, for the purpose of this review, might be no less subjective than the checklist criteria, even if it helped to increase inter-rater reliability. Additionally, the same checklist was applied to the qualitative component of two mixed-method studies. Since the COREQ checklist was developed to assess

qualitative studies using interviews or focus groups as the primary method of data collection, it might be inappropriate to apply the same assessment tool to mixed-method studies. Even if the qualitative components of the two mixed-method studies were conducted using interviews or focus groups, mixed-method studies might have reporting requirements that were different from those of qualitative studies. Judging unreported aspects as significant lacks in reporting, when they might not have been required as part of the mixed-method study reporting, would both be unfair and inaccurate. Hence, while all the included studies were assessed and deemed as possessing moderate to high quality, the overall assessment might still be flawed.

Next, the inclusion of a study conducted with fathers who were active members of the United State Air Force (USAF) may, to some readers, be deemed inappropriate. Since only a handful of men would serve as servicemen, fathers in this study could indeed be considered a 'special population' of parents. The challenges that they faced in coping with parenting or caregiving of their young children might also be influenced by the uniqueness of their job and therefore not widely experienced by other fathers with young children. Nevertheless, it is also important to recognise that many fathers may hold employments that similarly require them to be redeployed, travel away from family for some time, or work long hours and have limited time with and for their families. For these fathers, the challenges faced in parenting their young children might be highly similar, if not identical, to those faced by fathers working in the USAF. Since it might be difficult to gather these fathers, with unique job demands, and conduct a study with them to understand their viewpoints effectively, the inclusion of this study will be necessary. The data provided by these fathers may help to provide a more complete understanding of the challenges faced by fathers, thereby allowing their spouses or partners and other social supporters to know how to support them in this journey of fatherhood more effectively.

Besides that, the generalisability of the results of this review may be limited. Although it was mentioned that the 19 studies interviewed parents with different backgrounds and this increased the results' applicability to a wider population of parents, it is also crucial to acknowledge that the

results may only be generalised to parents with young children. Parents with new infants, primary school-aged, teenage or older children might face challenges that are very different from those encountered by these parents with young, preschool-age children. Therefore, it would be inappropriate to apply the rationales given by these parents to other parents with children who are below or beyond the ages of one to five.

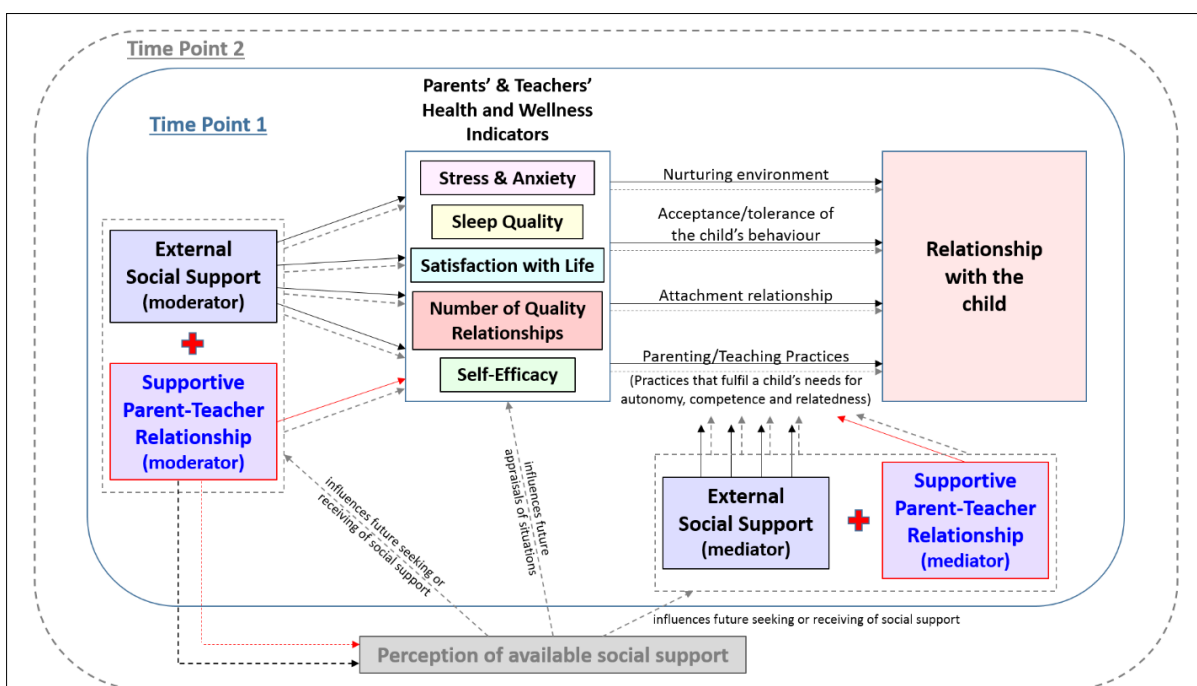
Lastly, it is evident that this review has failed to find and report on teachers' views about their various groups of social supporters and their rationales for accepting or rejecting their support. Considering that searches were conducted on the three databases and via the Google Scholar search engine but only found two articles on support to teachers and one on teachers' support to parents, it was impossible to comprehensively understand teachers' support experiences and draw accurate conclusions based on these articles (Mahmood, 2013; Melasalmi & Husu, 2018; Wells, 2017).

Although all three studies met the inclusion criteria, the highly limited number of articles suggests this to be a critical gap in research that should be addressed in future studies. .

Suggestions for Future Research

Considering that caregivers' health and wellbeing can exert a significant and direct impact on their personal coping and effectiveness, as well as an indirect impact on children's development, this topic remains an important one and should be investigated more thoroughly. One recommendation for future researchers is to conduct a qualitative study with parents of young children, directly interviewing them on the two research questions of this review, to confirm if the findings concur with the findings of this review. Investigations can be made on discovering parents' degree of awareness of their implicit endorsement for a specific social support theoretical perspective. Comparisons between both parents of young children can also be conducted to see if the factors influencing their support-acceptance decisions are identical and equally influenced by their personal preference for a social support theoretical perspective.

Besides that, future researchers can also research the sources of support that are accessed by teachers and the factors that are influencing their decisions. The insufficient literature available has revealed this to be a gap in research and more should and could be done on this topic, to learn how teachers working with young children can be more adequately supported. This may helpfully prevent them from unintentionally compromising their health and wellbeing, while teaching and caring for their young pre-schoolers. Not only that, investigating the mutual support between parents and teachers may also add an extra dimension to the known benefits of social support (Cohen et al., 2007; Nunes et al., 2017). Teachers' sharing of helpful advice and practical skills may relieve parents of their concerns relating to childrearing, discipline and children's social, emotional and intellectual development, while support from parents may alleviate teachers' job stresses that are resulting from parental demands (Cullen & Barlow, 2002; Filp, 1998). Hence, mutual support between parents and teachers may engender greater understanding, empathy and communication between the two (Fram, 2003; Šteh & Kalin, 2011). As depicted in Figure 6.1, future researchers conducting a cross-sectional study may corroborate whether receiving this mutual support, over and above the support received from other sources, will more significantly moderate or mediate these negative effects that are impacting on caregivers' health and wellbeing. Similarly, conducting a longitudinal study may help to discover the long-term effects of social support on caregivers' overall health and wellbeing, as reflected through their stress and anxiety level, sleep quality level, general satisfaction with life, number of quality relationships and the level of self-efficacy (Hofer & Piccinin, 2010).

Figure 6.1*Analysis of Social Support Impact at Two Measured Time Points*

Note. Time point 1: External social support and a supportive parent-teacher relationship may be present or absent to work concurrently or independently to influence parents' and teachers' health and wellbeing. Those who experience lower levels of stress and anxiety, better sleep quality, higher self-efficacy, greater satisfaction with life and have greater number of high quality relationships may have a better relationship with their children as a result of increased capacity to provide a nurturing environment, greater acceptance or tolerance of child's negative behaviour, improved attachment relationships and adoption of parenting or teaching practices that aid in the child's development.

Time point 2: The experiences of receiving or not receiving social support at time point 1 can influence parents' and teachers' perceptions of whether social supporters are present and available to provide the necessary support when needed. This can also influence whether they seek the needed social support at time point 2. Hence, the same cycle may repeat, depending on what was experienced at time point 1. Nevertheless, for parents and teachers who formed a strong belief that others are available to provide the needed support, due to their positive experiences at time point 1, these beliefs may be sufficient to directly contribute to parents' and teachers' health and wellbeing.

Figure 6.1 is constructed by the primary author of this review.

Conclusion

This is the first known systematic review to investigate social support given to caregivers with typically-developing young children. As support can only occur when it is both available to and accepted by caregivers, identifying the reasons or factors influencing parents' decisions to obtain support becomes crucial (Attree, 2005; Johnson et al., 2005; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). This review therefore set out with the intention of investigating both the types of support sources parents and preschool teachers have access to, and their rationale for seeking, accepting or rejecting support offered by one or more of the specified sources. Nevertheless, the limited number of studies conducted on teachers did not permit an accurate and comprehensive understanding of their reasons.

The findings of this review on parents provided important insights into parents' experiences of receiving or seeking support. It also revealed their reasons for preferring some support sources more than others. Interestingly, the reasons given to explain their choice of support source were found to be influenced by the theoretical perspectives, and their relating models, implicitly endorsed by these parents (Cohen & Wills, 1985; Lakey & Cohen, 2000; Miller & Sambell, 2003; Ryan & Solky, 1996; Taylor et al., 2015; Taylor & Stanton, 2007). Parents who endorsed the stress and coping perspective preferred social supporters who could provide support that relieves them of their challenges, and concurrently lowers their stress or negative emotions that were often triggered by the challenging events (Cohen & Wills, 1985; Lakey & Cohen, 2000; Shen, 2009). Thus, in accordance with the dispensing model, those who are able to dispense the appropriate expert knowledge or information may be regarded as the most effective group of social supporters (Miller & Sambell, 2003). On the other hand, those endorsing the relationship perspective believe social support is given only by those who have a relationship with them as they believe it is this bond or connection that ensures social companions are willing to sacrifice and share their limited resources, validate their feelings and acknowledge their effort (Lakey & Cohen, 2000; Taylor et al., 2015). Therefore, in

agreement with the relating model, these parents would likely seek the support of only those with whom they have adequately established relationships and reject the support of those who have yet to form relationships with them (Miller & Sambell, 2003). For parents endorsing the social constructionist perspective, their desire to be autonomous and efficacious led them to prefer support that is autonomy- or competence-enhancing (Lakey & Cohen, 2000; Ryan & Solky, 1996). Hence, parents believe social contacts should help them reflect on their challenging situation, as described by the reflecting model, and provide support to help them become more competent in their role (Miller & Sambell, 2003). As such, they would also avoid social contacts who attempt to remove their decisional rights, or provide support in a way that reduces their sense of autonomy or makes them feel less confident in their role (Miller & Sambell, 2003; Ryan & Solky, 1996).

For professional practitioners, non-professional support volunteers as well as informal and semi-formal social contacts of parents who are attempting to provide support to parents of young children, this review holds important implications. It implies that any support programmes and voluntary support services that are organised for these parents may need to first identify what parents' purposes for seeking support are and to determine whether these organised programmes or services can effectively meet those expectations of parents. These should be assessed before making any attempts to encourage or persuade parents to participate. Since parents joining the programme may be endorsing any of the three perspectives on social support, programme organisers may need ensure that support programmes are not designed only to dispense information and knowledge, but also provide parents with adequate opportunities to discuss their challenges, build relationships with other parents who are attending the programme, and be validated by the facilitator or other parents in a non-judgemental and non-comparative environment. Additionally, facilitators of such programmes may need to provide each parent with sufficient time and attention, be sensitive to parents' thoughts, feelings and situations, and avoid obtrusively advocating or allowing other parents to forcefully advocate any parenting techniques as the 'best practices'. This may also imply that such organised programmes should either have an

adequate number of facilitators to meet every parent's needs, or be conducted on a small scale setup. For support volunteers and other social contacts, it is important to recognise that while the initial provision of encouragements is important to parents who are emotionally overwhelmed, it is equally crucial to ensure that they possess the appropriate experiences or knowledge to support parents or to direct parents to sources where they can be adequately supported. This may ensure the support given to parents is not only effective in helping them to cope emotionally, but also eventually helpful for resolving their challenges. Likewise for parents, besides knowing their purposes and expectations on support, they will need to ensure their personal factors, like guilt, fear and views reciprocal support, do not hinder them from seeking support. Parents may also need to explicitly disclose these purposes and expectations to their potential social supporters to ensure they are getting effective support from the right source.

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Appendix A

Consolidated Criteria for Reporting Qualitative Studies (COREQ): 32-Item Checklist

Topic	Item No.	Criteria – Guiding Questions/Descriptions
Domain 1: Research Team and Reflexivity		
<i>Personal characteristics</i>		
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?
Credentials	2	What were the researcher's credentials? E.g. PhD, MD
Occupation	3	What was their occupation at the time of the study?
Gender	4	Was the researcher male or female?
Experience and training	5	What experience or training did the researcher have?
<i>Relationship with participants</i>		
Relationship established	6	Was a relationship established prior to study commencement?
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic
Domain 2: Study Design		
<i>Theoretical framework</i>		
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis
<i>Participant selection</i>		
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email
Sample size	12	How many participants were in the study?
Non-participation	13	How many people refused to participate or dropped out? Reasons?
<i>Setting</i>		
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace
Presence of non-participants	15	Was anyone else present besides the participants and researchers?
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date

Data collection		
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?
Field notes	20	Were field notes made during and/or after the interview or focus group?
Duration	21	What was the duration of the inter views or focus group?
Data saturation	22	Was data saturation discussed?
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?
Domain 3: Analysis and Findings		
Data analysis		
Number of data coders	24	How many data coders coded the data?
Description of the coding tree	25	Did authors provide a description of the coding tree?
Derivation of themes	26	Were themes identified in advance or derived from the data?
Software	27	What software, if applicable, was used to manage the data?
Participant checking	28	Did participants provide feedback on the findings?
Reporting		
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number
Data and findings consistent	30	Was there consistency between the data presented and the findings?
Clarity of major themes	31	Were major themes clearly presented in the findings?
Clarity of minor themes		Is there a description of diverse cases or discussion of minor themes?

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Appendix B

Point System for Rating Qualitative Studies

COREQ Items	COREQ Guiding Questions/Description	Point System
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	1. 1 = Clearly specified who conducted the interview/focus group. 2. 0.5 = Mentioned but no indication of who it was. 3. 0 = No mention.
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	1. 1 = Clearly specified all researchers' credentials. 2. 0.5 = Mentioned only a few but not all researchers' credential. 3. 0 = No mention.
3. Occupation	What was their occupation at the time of the study?	1. 1 = Clearly specified the occupation of every researcher. 2. 0.5 = Provided information as a staff of XX organization but no title given OR mentioned the occupation of only a few but not all researchers' occupation. 3. 0 = No mention.
4. Gender	Was the researcher male or female?	1. 1 = Clearly specified/gave indication which gender each researcher was (e.g mother, father, male, female). 2. 0.5 = Mentioned only one or a few researchers' gender but not all of the researchers' gender. 3. 0 = No mention.
5. Experience and training	What experience or training did the researcher have?	1. 1 = Described the personal experience or research training (related to the study topic) of EVERY researcher. 2. 0.5 = Described the personal experience or research training (related to the study topic) of only SOME researchers. 3. 0 = No mention.
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	1. 1 = Clear description that relationship was established with EVERY group of participants. 2. 0.5 = Clear description that relationship was established with only SOME groups of participants.

		3. 0 = No mention.
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	1. 1 = Clear description that showed participants had been informed of the researcher's personal goals/reasons for doing the research. 2. 0.5 = Mentioned informed consent received or information provided by other administrators (not by the researchers themselves) => unclear of what information was provided. 3. 0 = No mention.
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	1. 1 = Gave clear description of EVERY interviewer's/facilitator's/researcher's characteristics, biases, reasons and interest in the topic or assumptions. 2. 0.5 = Gave clear description of SOME interviewer's/facilitator's/researcher's characteristics, biases, reasons and interest in the topic or assumptions. OR vague description of the aforementioned (e.g. "no competing interest" as the only description). 3. 0 = No mention.
Domain 2: study design		
<i>Theoretical framework</i>		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	1. 1 = Clear statement of the study's methodological orientation. 2. 0.5 = Mentioned the study was underpinned by a methodological orientation without specifying what it was OR vague description of the methodological orientation. 3. 0 = No mention.
<i>Participant selection</i>		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	1. 1 = Clear description of how ALL of the participants were selected. 2. 0.5 = Clear description of how SOME of the participants were selected OR mentioned sampling was done without specifying how it was done. 3. 0 = No mention
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	1. 1 = Clear description of how ALL of the participants were approached. 2. 0.5 = Clear description of how SOME of the participants were selected OR mentioned "participants were approached" without specifying how it was done.

		3. 0 = No mention.
12. Sample size	How many participants were in the study?	1. 1 = Clear description of how many participants took part in EVERY part of the study. 2. 0.5 = Clear description of how many participants took part in SOME parts of the study. (e.g. XXX participated in the survey but did not specify how many were involved in the follow-up interview.) 3. 0 = No mention.
13. Non-participation	How many people refused to participate or dropped out? Reasons?	1. 1 = Clearly specified how many refused to/dropped out of the study and their reasons. 2. 0.5 = Clearly specified how many refused to/dropped out of the study but gave no reasons OR gave the reasons but failed to specify how many refused to/dropped out of the study. 3. 0 = No mention.
Setting		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	1. 1 = Clearly specified the venue where the data were collected. 2. 0.5 = Described as "face-to-face meeting was conducted" but gave no description of the venue 3. 0 = No mention.
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	1. 1 = Specified who else was present, beside the participants and researchers OR described the researchers and participants as the only ones involved. 2. 0.5 = Used vague descriptions like "we", without clearly specifying who else was involved. 3. 0 = No mention.
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	1. 1 = Gave a description of the participants' characteristics OR stated them in the form of a table. 2. 0.5 = Mentioned that demographics of the participants were collected but gave no description of them in any way. 3. 0 = No mention.
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the	1. 1 = Provided the questions, prompts, or guides and specified if they had been pilot-tested. 2. 0.5 = Mentioned there were questions, prompts, or guides but gave no details on

	authors? Was it pilot tested?	whether they have been pilot-tested OR vice versa. 3. 0 = No mention of both.
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	1. 1 = Stated the number of interviews that were carried out OR description revealed it as a one-off interview 2. 0.5 = Stated more than one repeated interview was carried out but did not state the specific number. 3. 0 = No mention.
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	1. 1 = Described as having used/not used audio or visual recording to collect the data 2. 0.5 = Mentioned recording was done without specifying what was used. 3. 0 = No mention of any recording done.
20. Field notes	Were field notes made during and/or after the inter view or focus group?	1. 1 = Gave descriptions that show that field notes were made during and/or after the interview/focus group. 2. 0.5 = Mentioned recording was done without specifying it was field notes OR when it was made. 3. 0 = No mention of any recording done.
21. Duration	What was the duration of the inter views or focus group?	1. 1 = Stated the actual or average duration of all interviews/focus groups. 2. 0.5 = General or unclear indication of timeframe or duration of interviews/focus groups. E.g. "Each interview lasted more than 30 minutes". 3. 0 = No mention.
22. Data saturation	Was data saturation discussed?	1. 1 = Description revealed how data saturation was reached. 2. 0.5 = Description revealed data saturation was achieved without describing what was done to achieve it. 3. 0 = No mention.
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	1. 1 = Clearly specified that transcripts were returned to ALL participants for comments and/or correction. 2. 0.5 = Clearly specified that transcripts were returned to only SELECTED participants for comments and/or correction OR Clearly specified that transcripts were returned to participants without stating the purpose of doing so.

		3. 0 = No mention.
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	<ol style="list-style-type: none"> 1 = Clearly specified the number of coders who were involved in coding the data. 0.5 = Clearly specified there was more than one coder by using generic terms like "we" or "coders" but did not specify how many coders there were. 0 = No mention.
25. Description of the coding tree	Did authors provide a description of the coding tree?	<ol style="list-style-type: none"> 1 = Provided a coding tree that described how ALL the codes were derived. 0.5 = Provided a coding tree that described how some of the codes were derived. 0 = No mention.
26. Derivation of themes	Were themes identified in advance or derived from the data?	<ol style="list-style-type: none"> 1 = Clearly stated that the themes were identified in advance from theories or showed that they were derived from the data. 0.5 = Themes were presented but showed vague or inappropriate link to theories presented earlier or the data presented subsequently. 0 = Themes were presented but showed no link to theories presented earlier or the data presented subsequently.
27. Software	What software, if applicable, was used to manage the data?	<ol style="list-style-type: none"> 1 = Clearly indicated the software that was used to manage the data. E.g. SPSS, NVivo. 0.5 = Mentioned the use of software to manage data without specifying the name of the software used. 0 = No mention.
28. Participant checking	Did participants provide feedback on the findings?	<ol style="list-style-type: none"> 1 = Presented participants' feedback OR mentioned that participants' feedback on the findings was obtained. 0.5 = Mentioned that researchers requested feedback from participants but did not state if any feedback was eventually obtained. 0 = No mention of either request for feedback or obtaining feedback.
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the	<ol style="list-style-type: none"> 1 = Participants' quotations were presented under each theme and each quotation was

	themes/findings? Was each quotation identified? e.g. participant number	<p>stated with a participant number to ensure they were identifiable.</p> <p>2. 0.5 = Participants' quotations were presented under each theme but without a participant number assigned to each.</p> <p>3. 0 = No quotation and no participant number assigned.</p>
30. Data and findings consistent	Was there consistency between the data presented and the findings?	<p>1. 1 = ALL findings presented show that they were clearly derived from the data obtained.</p> <p>2. 0.5 = Only SOME findings presented show that they were clearly derived from the data obtained.</p> <p>3. 0 = No consistency between the data presented and the findings.</p>
31. Clarity of major themes	Were major themes clearly presented in the findings?	<p>1. 1 = ALL findings were clearly presented under major themes</p> <p>2. 0.5 = Only SOME findings were clearly presented under major themes.</p> <p>3. 0 = Findings were presented without any indication that there were major themes.</p>
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	<p>1. 1 = Clear presentation of minor themes or more than two cases were described under each minor theme (for at least 70% of the themes stated).</p> <p>2. 0.5 = No minor theme and only 2 cases were described under each theme.</p> <p>3. 0 = No minor theme and only 1 case was described under each major theme.</p>

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Appendix C

Quality Rating of the Included Studies

References of articles included in this systematic review		Premberg et al., 2008	Hamilton & White, 2010	Jenkins & Coker, 2010	Winkworth et al., 2010a	Cosson & Graham, 2012	Kearney & Fulbrook, 2012	Stenhammar et al., 2012	Hogg et al., 2013	Lee et al., 2013	Hjälmhult et al., 2014	Donetto & Maben, 2015	Jose et al., 2019	Bloomfield et al., 2005	Hogg & Worth, 2009	Strange et al., 2018	Andrews et al., 2015	McLeish & Redshaw, 2015	Winkworth et al., 2010b	Davies & Harman, 2017
COREQ Checklist Items																				
Domain 1: Research team and reflexivity																				
<i>Personal Characteristics</i>																				
1)	Author's involvement in the interview	-	+	+/-	+/-	+/-	-	-	+	-	+	-	+/-	+/-	-	-	-	+	-	-
2)	Credentials	+	+	+	-	+	+	-	+	-	+	+	+/-	+	+	-	+	-	-	-
3)	Occupation	+	+	+	+	+/-	+	+/-	+/-	+/-	+	+	+	+/-	+	+/-	+	-	+/-	+/-
4)	Gender	-	-	+/-	-	+	-	-	+/-	-	-	-	+	-	-	-	+	-	-	-
5)	Experiences or training	-	-	+/-	-	-	-	-	-	-	-	-	+	-	-	-	+	-	-	-
<i>Relationship with Participants</i>																				
6)	Establishing relationship with participants	-	+	+	+	+	+	+/-	+	+	+	-	-	+	+/-	-	-	+	+/-	+
7)	Participants' knowledge of the authors	+/-	-	+	+	-	-	+/-	+/-	+	+	-	-	+	+/-	-	-	+/-	+	-
8)	Interviewer's characteristics	-	-	+/-	-	+	-	-	+/-	-	-	+/-	-	+	-	+/-	-	+/-	-	+
Domain 2: Study Design																				
<i>Theoretical Framework</i>																				
9)	Methodological orientation	+	+	+	-	-	+	-	+/-	+/-	+	+	+/-	+	+/-	-	+/-	+	-	+
<i>Participant Selection</i>																				
10)	Sampling	+	+	+	+	+	+	+	+	+	-	+/-	+	+	+	+/-	+	+	-	+
11)	Method of Approach	-	+	+	+	+	-	+/-	+	+	+	+/-	-	+	+	+	+	+	+	+
12)	Sample Size	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
13)	Size of non-participation/dropout	-	-	-	+	-	-	+	-	-	-	-	-	-	+	-	-	+	+/-	-

Note. Complete fulfilment of a criterion is indicated with a '+', partial fulfilment is indicated with a '+/-', and non-fulfilment is indicated with a '-'.

References of articles included in this systematic review		Premberg et al., 2008	Hamilton & White, 2010	Jenkins & Coker, 2010	Winkworth et al., 2010a	Cosson & Graham, 2012	Kearney & Fulbrook, 2012	Stenhammar et al., 2012	Hogg et al., 2013	Lee et al., 2013	Hjälmhult et al., 2014	Donetto & Maben, 2015	Jose et al., 2019	Bloomfield et al., 2005	Hogg & Worth, 2009	Strange et al., 2018	Andrews et al., 2015	McLeish & Redshaw, 2015	Winkworth et al., 2010b	Davies & Harman, 2017
COREQ Checklist Items																				
Domain 2: Study Design																				
Settings																				
14)	Setting of data collection	+	+	+	+	-	+	+	+	+/-	+	+/-	+	+	+	-	+/-	+	+	+
15)	Presence of non-participating member	-	-	-	-	-	-	+/-	+	-	+	-	-	-	-	-	-	-	-	-
16)	Description of sample	+	+	+	+	+/-	+/-	+	+	+	+	+	+	+	-	+/-	+	+	+	+
Data Collection																				
17)	Interview guide	+/-	+/-	+	+/-	+/-	-	+/-	+/-	+/-	-	-	+/-	+/-	+	+	+/-	+/-	+/-	+/-
18)	Repeat interview	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19)	Audio-visual recording	+	+	+	-	+	+/-	+/-	+/-	+	+	+	+	+	-	-	+/-	+	+	+
20)	Field notes	-	+	+	+	+	-	+	-	-	+	+	-	-	-	-	-	-	-	+
21)	Duration of interview	-	+	+	-	-	+	+	-	+	+	-	-	+	-	-	+	+	+	-
22)	Data saturation	-	+	+	-	-	-	-	-	+/-	+	-	-	-	-	-	-	-	-	-
23)	Return of transcripts to participants	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+
Domain 3: Analysis and Findings																				
Data Analysis																				
24)	Number of data coders	-	+	+/-	-	+	-	+	+	+	+	+	+/-	+	-	+	+/-	+	-	+
25)	Provision of coding tree	-	-	-	-	-	-	+	-	-	-	+/-	-	-	-	-	-	-	-	-
26)	Derivation of themes	+/-	+	+	+	+/-	+	+	+	+	+/-	+	+	+	+	+	+	+	+	+
27)	Data management software	-	+	-	-	-	-	-	+	-	-	-	+	-	+	+	-	+	-	-
28)	Participants' feedback	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-

Note. Complete fulfilment of a criterion is indicated with a '+', partial fulfilment is indicated with a '+/-', and non-fulfilment is indicated with a '-'.

References of articles included in this systematic review		Premberg et al., 2008	Hamilton & White, 2010	Jenkins & Coker, 2010	Winkworth et al., 2010a	Cosson & Graham, 2012	Kearney & Fulbrook, 2012	Stenhammar et al., 2012	Hogg et al., 2013	Lee et al., 2013	Hjälmhult et al., 2014	Donetto & Maben, 2015	Jose et al., 2019	Bloomfield et al., 2005	Hogg & Worth, 2009	Strange et al., 2018	Andrews et al., 2015	McLeish & Redshaw, 2015	Winkworth et al., 2010b	Davies & Harman, 2017
COREQ Checklist Items																				
Domain 3: Analysis and Findings																				
Reporting																				
29)	Identifiability of quotations presented	+	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+	+	+	+	+/-	+	+	+	+	+
30)	Consistency between data and finding	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
31)	Clarity of major themes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
32)	Clarity of minor themes/presentation of diverse cases	+	+	-	-	-	-	+	-	+	+	-	-	+	-	+	-	+	+/-	+/-
Total No. of (+)		12	20	19	13	12	11	13	14	13	20	12	13	18	12	10	13	18	12	16
Total No. of (+/-)		3	2	6	3	6	3	8	8	6	1	5	5	3	4	4	5	3	5	3
Total No. of (-)		17	10	7	16	14	18	11	10	13	11	15	14	11	16	18	14	11	15	13
Total Score		13.5	21.0	22.0	14.5	15.0	12.5	17.0	18.0	16.0	20.5	14.5	15.5	19.5	14.0	12.0	15.5	19.5	14.5	17.5
High Quality (22 - 32 pts)				✓																
Moderate Quality (11 - 21.5 pts)		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Low Quality (0 - 10.5 pts)		Nil																		

Note. Complete fulfilment of a criterion is indicated with a '+', partial fulfilment is indicated with a '+/-', and non-fulfilment is indicated with a '-'.

Appendix D

Locations in Each Study Where the Criteria Were Met

References of articles included in this systematic review		Premberg et al., 2008	Hamilton & White, 2010	Jenkins & Coker, 2010	Winkworth et al., 2010a	Cosson & Graham, 2012	Kearney & Fulbrook, 2012	Stenhammar et al., 2012	Hogg et al., 2013	Lee et al., 2013
COREQ Checklist Items										
Domain 1: Research team and reflexivity										
<i>Personal Characteristics</i>										
1)	Author's involvement in the interview	-	576	171	209	123	-	-	1143	-
2)	Credentials	56	573	179	-	121	5	-	1140	-
3)	Occupation	56	573	179	206	121	5	208	1140	908
4)	Gender	-	-	171	-	123	-	-	1142	-
5)	Experiences or training	-	-	171	-	-	-	-	-	-
<i>Relationship with Participants</i>										
6)	Establishing relationship with participants	-	576	171	209	123	7	209	1142	910
7)	Participants' knowledge of the authors	57	-	171	209	-	-	210	1142	910
8)	Interviewer's characteristics	-	-	171	-	122-123	-	-	1142	-
Domain 2: Study Design										
<i>Theoretical Framework</i>										
9)	Methodological orientation	57	575	171	-	-	7,8	-	1143	908,910
<i>Participant Selection</i>										
10)	Sampling	57	575	171	209	123	8	209	1143	909
11)	Method of Approach	-	576	171	209	123	-	209	1143	910
12)	Sample Size	57	576	171	210	123	8	209	1140	909
13)	Size of non-participation/dropout	-	-	-	209,210	-	-	209	-	-
Domain 2: Study Design										
<i>Settings</i>										
14)	Setting of data collection	57	576	171	210	-	7	210	1142	909
15)	Presence of non-participating member	-	-	-	-	-	-	210	1143	-
16)	Description of sample	57	575-576	171	210	123	8	209,210	1142	909
<i>Data Collection</i>										
17)	Interview guide	57	576	171	209-210	123	-	210	1143	910
18)	Repeat interview	-	-	-	-	-	-	-	-	-
19)	Audio-visual recording	57	576	171	-	124	8	210	1143	910
20)	Field notes	-	576	171	210	124	-	210	-	-
21)	Duration of interview	-	576	171	-	-	8	210	-	910
22)	Data saturation	-	577	171	-	-	-	-	-	910
23)	Return of transcripts to participants	-	-	-	-	-	-	-	-	-
Domain 3: Analysis and Findings										
<i>Data Analysis</i>										
24)	Number of data coders	-	577	171	-	124	-	213	1143	910
25)	Provision of coding tree	-	-	-	-	-	-	210,215	-	-
26)	Derivation of themes	57	577	171,172	210	124	8	210	1143	910
27)	Data management software	-	577	-	-	-	-	-	1143	-
28)	Participants' feedback	-	-	172	-	-	-	-	-	-
<i>Reporting</i>										
29)	Identifiability of quotations presented	58-60	580-581	172-175	211-213	124-128	9-12	211-212	1144-1145	910-912
30)	Consistency between data and finding	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31)	Clarity of major themes	58-60	577-581	172-175	211-213	124-128	8-12	211-212	1143-1145	910-912
32)	Clarity of minor themes/presentation of diverse cases	58-60	580-581	-	211-213	-	-	211-212	-	910-912

Note. The numbers above represent the page numbers of each study where the COREQ criteria have been met.

References of articles included in this systematic review		Hjälmhult et al., 2014	Donetto & Maben, 2015	Jose et al., 2019	Bloomfield et al., 2005	Hogg & Worth, 2009	Strange et al., 2018	Andrews et al., 2015	McLeish & Redshaw, 2015	Winkworth et al., 2010b	Davies & Harman, 2017
COREQ Checklist Items											
Domain 1: Research team and reflexivity											
<i>Personal Characteristics</i>											
1)	Author's involvement in the interview	2981	-	2363	48	-	-	-	4-5	-	-
2)	Credentials	2980	2559	2368	46	31	-	53-54	-	-	-
3)	Occupation	2980	2559	2368	46	31	168	35	-	431	276
4)	Gender	-	-	2368	-	-	-	53-54	-	-	-
5)	Experiences or training	-	-	2368	-	-	-	53-54	-	-	-
<i>Relationship with Participants</i>											
6)	Establishing relationship with participants	2981	-	-	48	32	-	-	4	435	279
7)	Participants' knowledge of the authors	2981	-	-	48	32	-	-	4	435	-
8)	Interviewer's characteristics	-	2568	-	47	-	174	-	13	-	278
Domain 2: Study Design											
<i>Theoretical Framework</i>											
9)	Methodological orientation	2980	2559	2363	48	32	-	+/-	4	-	278
<i>Participant Selection</i>											
10)	Sampling	-	2561	2363	+	32	169	38	4	-	278
11)	Method of Approach	2981	2561	-	48	32	169	38	4	435	278,279
12)	Sample Size	2981	2561	2364	48	31	169	+	5	431,435	278
13)	Size of non-participation/dropout	-	-	-	-	32	-	-	4-5	435	-
Domain 2: Study Design											
<i>Settings</i>											
14)	Setting of data collection	2981	2561	2363	48	31	-	41	5	436	279
15)	Presence of non-participating member	2981	-	-	-	-	-	-	-	-	-
16)	Description of sample	2981	2561, 2562	2364	48	-	169	39	3	435	278-279
<i>Data Collection</i>											
17)	Interview guide	-	-	2363	48	32	170	41	5	436	279
18)	Repeat interview	-	-	-	-	-	-	-	-	-	-
19)	Audio-visual recording	2982	2561	2363	48	-	-	41	5	436	279
20)	Field notes	2982	2561	-	-	-	-	-	-	-	279
21)	Duration of interview	2981, 2982	-	-	48	-	-	41	5	436	-
22)	Data saturation	2982	-	-	-	-	-	-	-	-	-
23)	Return of transcripts to participants	-	-	-	-	-	-	-	-	-	279
Domain 3: Analysis and Findings											
<i>Data Analysis</i>											
24)	Number of data coders	2982	2561	2363	48	-	169	41	5	-	280
25)	Provision of coding tree	-	2561-2562	-	-	-	-	-	-	-	-
26)	Derivation of themes	2982	2561	2363	48	32	169,170	41	5	436-437	280
27)	Data management software	-	-	2363	-	32	169	-	5	-	-
28)	Participants' feedback	-	-	-	-	-	-	-	-	437	-
<i>Reporting</i>											
29)	Identifiability of quotations presented	2982-2985	2563-2565	2365-2366	49-53	32-33	170-173	41-48	6-11	437-441	281-284
30)	Consistency between data and finding	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
31)	Clarity of major themes	2982-2985	25623-2566	2365-2366	48-53	32-33	170-173	41-48	6-11	437-441	280-285
32)	Clarity of minor themes/presentation of diverse cases	2982-2985	-	-	48-53	-	170-173	-	6-11	437-441	280-285

Note. The numbers above represent the page numbers of each study where the COREQ criteria have been met.

Appendix E

Quotes of Parents Extracted From the 19 Qualitative Studies

Informal Social Support Source: Family/Relatives		
No.	Data Extracted	Reference
1	You know, everyone's got their little say, even complete strangers when you're shopping – 'Oh, I think he needs a bottle' – that's the challenge for me, other people's – what other people are saying to me, the pressures that they put on you, especially in-laws.	Bloomfield et al., 2005, p. 49
2	I haven't got no parents near... Sometimes I find it very, very difficult, very stressful.	Bloomfield et al., 2005, p. 50
3	I grew up with family all around and I was never really like 'God, what do I do?	Hogg & Worth, 2009, p. 32
4	When my sister had her babies, everybody popped around all the time, would take them for a walk and stuff. But I didn't have anybody like that, I've never really. It's never bothered me before that I miss me family, until I had him. I still feel isolated sometimes. I keep saying I want to go and live back near me mum.	Hogg & Worth, 2009, p. 33
5	In terms of having a young family it's amazing. You know people who will share drop offs at school or kinder, just that sense of, if you needed a backup you've got it. And I mean I have a lot of family back up but, I also know I could probably ring six or seven people who I feel if I needed other back up.	Andrews et al., 2015, p. 43
6	I don't trust people in organisations...never got any help from them so I don't trust them at all...I don't like them and I do not trust them. I don't trust many people with my daughter... that's why I don't ring no-one for help. If I can't do it I ring my mum... or the doctor... I'm not going to ring no-one else.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 441
7	I felt like that at first, a bit afraid. I needed someone to give me a nudge.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 439
8	Honestly, my biggest challenge is not being with my family. For me, a woman wants to have that guardian angel beside them, which is mainly their mother. I'm not saying that dads aren't as important, definitely not, but I'm so close to my mother anyway that for the smallest thing I'm like "Mum what do I do?" but I have to do "oh no, it's eight hours' time difference" ...I can't just ring...so that is extremely hard.	Davies & Harman, 2017, p. 281
9	Well I guess probably if the assistance was my husband or my mum looking after the children I wouldn't feel as guilty because at least I'd know they'd be spending some quality time with a parent or a relative.	Hamilton & White, 2010, p. 580
10	If it's a family member...the kids would find enjoyment in that...you're not having to say, 'right suck it up' or whatever because they're upset at some stranger looking after them.	Hamilton & White, 2010, p. 580

11	The child minding would be the big one, but obviously there's only so much you can ask parents or family to do because they're got their lives as well.	Hamilton & White, 2010, p. 580
12	I probably should have created a fact sheet about multiple births and distributed it to friends, family, church members, and coworkers. That would have been extremely helpful in educating people about our needs.	Jenkins & Coker, 2010, p. 173
13	I miss my family; especially my mother. And it would be a good support to have other parents, preferably Swedish, to discuss challenges about children's eating, sleeping and activity as well...	Stenhammar et al., 2012, p. 212
14	Pressure was placed on me by friends, family, and coworkers to stay at home with my babies. They couldn't understand that I might choose to work or need to work.	Jenkins & Coker, 2010, 174

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support source or more than one support source has been mentioned in the given quotes. Headings are colour-coded to differentiate among the four types of support sources.

Informal Social Support Source: Spouse/Partner		
No.	Data Extracted	Reference
15	It is easy to just let them [partners] do the nice things, playing with the kids while you quickly go and do this.	Bloomfield et al., 2005, p. 49
16	Because I'm on my own, it's having to do like the mum and the dad role, so it's getting it all in one day. It's shattering sometimes.	Bloomfield et al., 2005, p. 50
17	I find it easier when I am disciplining them on my own. If he [the husband] is not there, I find it easier.	Bloomfield et al., 2005, p. 50
18	I'm saying 'don't hit back,' but when he goes to his Dad's, he's saying, 'Hit back,' so it's really difficult. He's just confused... but then he's seen his dad hit me, so he probably thinks it's OK anyway.	Bloomfield et al., 2005, p. 50
19	So in terms of raising Ali it's just me during the day and then my husband when he comes home from work... So during the weekday Monday to Friday, nine to six, I've got no one... which is tiring and it is hard.	Andrews et al., 2015, p. 42
20	It means I can talk to someone other than (my husband), 'cause I feel like I don't want to offload him on all my problems.	McLeish & Redshaw, 2015, p. 6
21	If I would rather go fishing it's no problem, my wife stays at home and takes care of the child. But it's the same if she wants to go. It's important to continue to be yourself and not just be a parent. To remain being the person you are and not sacrificing, of course if you have to but not if it's not necessary. Then it's easier to be happy to remain being the person you are.	Premberg et al., 2008, p. 59
22	And to be insufficient for your family it was really horrible I would not wish it on my worst enemy to feel that you can't handle the situation.	Premberg et al., 2008, p. 59

23	My wife felt she needed to do something else to get new energy, so I have taken care of the child every evening this week. I think it's worth it, to get a cheerful wife.	Premberg et al., 2008, p. 60
24	We talk a lot, as we always have; we did it before we had a child so I don't think we have changed our relation. We talk a lot and discuss problems at an early stage.	Premberg et al., 2008, p. 60
25	She's [wife] great with the kids...and if she wasn't so great with the kids I'd have no hope at all of going out for a run...I don't have to worry or get the guilts about the kids because I know she's with them... So, that's important.	Hamilton & White, 2010, p. 578
26	He'll [husband] start work late and look after the kids, do a little housework, so I can have my morning [exercise] session.	Hamilton & White, 2010, p. 580
27	Well I guess probably if the assistance was my husband or my mum looking after the children I wouldn't feel as guilty because at least I'd know they'd be spending some quality time with a parent or a relative.	Hamilton & White, 2010, p. 580
28	I'm sure he'd [husband] love to do it, it's just I feel guilty in asking him to mind Billy.	Hamilton & White, 2010, p. 580
29	You know, if I asked or said to him I need you to look after Sammy for an hour 3 days a week so I can go exercise, he'd go yeah no worries. But I resent having to ask.	Hamilton & White, 2010, p. 578
30	I wish that my husband understood what it feels like to be at home with the baby. Like I think women feel so much better when they're active, men do too, but I don't think my husband really understands. I wish he would make more of an effort to take time off my hands so I could do more exercise.	Hamilton & White, 2010, p. 581
31	It's almost impossible for one person to leave the house with three or more babies.	Jenkins & Coker, 2010, p. 174
32	Others take for granted that the fathers are fine and don't need extra support because of the multiple-birth experience.	Jenkins & Coker, 2010, p. 174
33	I suppose others feel the mother is adequate support for the husband and no other services are needed for him.	Jenkins & Coker, 2010, p. 174
34	We both recognized there was a problem but we put up with it until my wife couldn't handle it anymore.	Cosson & Graham, 2012, p. 126
35	I don't know about you guys, but I find it very difficult to ask for help.	Lee et al., 2013, p. 911
36	But at the same time, it's almost a form of self-denial where you don't want to admit that you don't have all the answers. So it's hard to ask someone, "What do you do in this situation?"	Lee et al., 2013, p. 911
37	We don't really want to ask someone for help because we feel like we should know how to do this already. This is my child, I'm going to raise my child the way I want to and the way that I feel is right.	Lee et al., 2013, p. 911

38	I think in the realm of expectant fathers, something that I went through with my wife was, "I'm just along for the ride." You know? She uses the words, "We are pregnant." But all she's really doing is trying to make me feel like I'm involved. And I did the things that I thought a good husband and expectant father was supposed to. I went to the Lamaze classes. I tried to be supportive. I tried to do the backrub thing. But ultimately, I was just along for the ride. Just being there and being supportive, there's got to be something more than just driving her to get that midnight shake that she wants so desperately bad.	Lee et al., 2013, p. 911
39	I think guys, men in particular, we want to solve the problem. That's the way we are designed. We are designed to hear a problem and solve it. The message needs to be sent and it needs to be received that sometimes it doesn't matter what you do, you cannot fix the problem.	Lee et al., 2013, p. 912
40	I took my husband through [parenting course] as well so that's given both of...us heaps of new ideas.	Jose et al., 2019, p. 2365
41	My partner was really nervous when I was pregnant and didn't know what he was doing...just coming here so he could learn how to play with her and learn just different things...and watching all other parents as well on how they play with their children as well has grown his confidence in looking after our daughter.	Jose et al., 2019, p. 2366

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support source or more than one support source has been mentioned in the given quotes.

Informal Social Support Source: Peers/Friends/Neighbours (Quotes in blue)		
No.	Data Extracted	Reference
42	We're all good friends, we can talk and, you know, pull each other up... we're in the same position. We talk about what's happening, and we've all got the same problems	Hogg & Worth, 2009, p. 33
43	It's actually more the support of friends... They say 'Look, you're doing as well as could be expected in that situation'. It's not so much the advice, at the end of the day you use your past experiences and do what you believe to be right, and deal with your children that way.	Hogg & Worth, 2009, p. 33
44	I think you know, I've felt pretty well supported in that I've got a bunch of women around me who I can call on for help, who are all doing the same sort of stuff, they're having better days and worse days.	Andrews et al., 2015, p. 42
45	I can go and ask any of my neighbours and say look I'm going away in two days, just unexpected, (and I'm talking all of them not just one person), 'Oh you don't mind getting the mail for me, or can you feed my tomatoes, you know what I mean or take my bins out?	Andrews et al., 2015, p. 43
46	In terms of having a young family it's amazing. You know people who will share drop offs at school or kinder, just that sense of, if you needed a backup you've got it. And I mean I have a lot of family back up but, I also know I could probably ring six or seven people who I feel if I needed other back up.	Andrews et al., 2015, p. 43
47	I don't know them well enough to say here have my kids for the afternoon... I don't feel that I know them well enough yet to do that.	Andrews et al., 2015, p. 44

48	A community where you feel welcome. Somewhere you go down the street and you know, you can informally bump into people and have chats, rather than just planned meetings. Having people around that if something happens you can just drop the kids off at their place, or the kids can come over and play... People looking outwards rather than looking inwards... people looking out for you, so you're not on your own.	Andrews et al., 2015, p. 44
49	Good neighbours...It's not a high, high, priority but it's nice.	Andrews et al., 2015, p. 44
50	I just see them [my neighbours] out in the street... my kids are out the front and then they see other kids and they're like 'who's that Mummy?' so that's when I walk up and say hi I'm Julie, this is my daughter, and the kids will have a little play.	Andrews et al., 2015, p. 45
51	In our block you see people coming home and everything is relatively close, so there's a lot of g'day how you doing and lots of informal chats.	Andrews et al., 2015, p. 45
52	I've met the next door neighbours, we only know them to say hello. I suppose we go into the garage and we're never really out in the front so we rarely ever see them, only when you we're driving up and down the street.	Andrews et al., 2015, p. 45
53	I think people are just... not really engaging... cos there's not the opportunity... like most people I never go out of my front door... like I always go via the garage door.	Andrews et al., 2015, p. 45
54	Because they've got two little boys who play in their front yard but they're able to because it's all fenced so they can't get out on the road... And like now if I run out of milk I'll just run over there... You know it actually quite clichéd but we've actually borrowed sugar and stuff off each other.	Andrews et al., 2015, p. 45
55	And a lot of time we meet people through other people, like you know just down at the park and stuff like that, you know hanging out with you, you might know someone and they might know someone and then they know someone... and then you know the cafes, you get to know a lot of people that way. Yeah you see the same faces around I guess...You might get talking to people down at the park just out of the blue because the kids are playing or they're patting the dog... there's a lot of opportunities for people to get to know each other.	Andrews et al., 2015, p. 46
56	Within our community like once a year, we the sort of body corporate, I mean we pay for it as home owners but, they like organise a Christmas party and that's every year. So I suppose there is an opportunity once a year to meet people that live within the neighbourhood, in your estate.	Andrews et al., 2015, pp. 46-47
57	Most people have been here a while, like they have been here for twenty years, so their kids have grown up in the area. Yeah so even though there are different ages and different family situations that don't stop the community becoming close. Because you can learn a lot from someone that has been here thirty years to someone who's just been here for two years.	Andrews et al., 2015, p. 47
58	I like that sense of connectedness because I think it teaches kids a sense of responsibility as well, you can't get away with stuff you know. You're not anonymous in the world. So you can't just do whatever you feel like doing without that accountability.	Andrews et al., 2015, p. 47

59	If when she is my [volunteer] she is already my friend, sometimes we can [feel] shy and you can't take the help...I don't want to ask her because she is my friend and I don't want to feel "I do this to you"... I don't want to hear somewhere else I done this to her... I don't want the other neighbour talk about it.	McLeish & Redshaw, 2015, p. 9
60	If I want to get some professional suggestions I should contact GP or midwife, but they don't have enough time to understand... your situation personally. If I want to get emotional support from friends, friends can give me suggestion but their suggestion may not fit for you. I think the volunteer provides a package of solutions, choice, and they told you what's pros and cons, and you make decision which is right for you. There is no push, no demand... It's kind of between the NHS and a friend.	McLeish & Redshaw, 2015, p. 11
61	When I go outside my door I don't feel safe at all... at all... I expect not to have a car seat there or I expect to have my window smashed... I don't want [my child] to grow up in a community that thinks that stuff is OK.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 437
62	I felt like that at first, a bit afraid. I needed someone to give me a nudge.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 439
63	I just can't be bothered building more relationships with other mothers that I don't really know, and other children that I don't really know...I think I'd just rather go hang out with my girlfriends so we can chat and debrief and do our gossip and build relationships with our own kids.	Davies & Harman, 2017, p. 282
64	My friends say they desire to help, but often [they] just stare at and talk about the infants without offering any actual physical assistance. I had to get some help somewhere in order to survive.	Jenkins & Coker, 2010, p. 173
65	I probably should have created a fact sheet about multiple births and distributed it to friends, family, church members, and coworkers. That would have been extremely helpful in educating people about our needs.	Jenkins & Coker, 2010, p. 173
66	It's difficult to find out about services. I've found out about them through other people and friends.	Winkworth, McArthur, Layton, & Thompson, 2010, p. 211
67	You know I didn't really meet any friends until a wee bit later and I have got a really good group of friends now but at the start I did find it quite difficult cause I always felt really alone.	Hogg et al., 2013, p. 1144
68	But the children's centres I think are really good. When you have a baby it can be sometimes quite a lonely time. [...] if you haven't had any other children and you haven't had a lot of experience you can kind of be like, 'Help, what do I do?' Or if your friends haven't got children as well, it's just nice to have the support and to know that other people are going through the same things that you are, and to have people to answer any questions however silly you might think they are. It's been a big help for us.	Donetto & Maben, 2015, p. 2563

69	Pressure was placed on me by friends, family, and coworkers to stay at home with my babies. They couldn't understand that I might choose to work or need to work.	Jenkins & Coker, 2010, p. 174
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Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support source or more than one support source has been mentioned in the given quotes.

Informal Social Support Source: Colleagues		
No.	Data Extracted	Reference
70	I probably should have created a fact sheet about multiple births and distributed it to friends, family, church members, and coworkers. That would have been extremely helpful in educating people about our needs.	Jenkins & Coker, 2010, p. 173
71	It's important for both of us to work, but a huge chunk of our money goes to care for our children.	Jenkins & Coker, 2010, p. 174
72	Pressure was placed on me by friends, family, and coworkers to stay at home with my babies. They couldn't understand that I might choose to work or need to work.	Jenkins & Coker, 2010, p. 174
73	Continued employment for both spouses should be a welcomed and an understandable option.	Jenkins & Coker, 2010, p. 174

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support source or more than one support source has been mentioned in the given quotes.

Semi-formal Social Support Source: Other parents from parent groups or other interest groups		
No.	Data Extracted	Reference
74	You see all these programmes and you should be doing things this way or that way. There is no right way of doing anything, is there?... I suppose you learn from other people's experiences to a certain extent.	Bloomfield et al., 2005, p. 52
75	I did go to the toddler group and I found that they were really cliquey. There were only one or two would talk to you, and I felt I was sitting there by myself. I didn't feel that I was that welcome, and anyway I just didn't enjoy it.	Hogg & Worth, 2009, p. 33
76	Before we had children, I didn't actually know anyone... but I guess when you have kids and you're home more often, you need local friends. So you need a network, so I guess I probably sought people out more. And being involved in playgroups and mother's group you meet people. So yes now that I've got kids I feel quite a part of the community, and I would like to be more involved and know more people. Yeah I do like kind of walking down the street and recognising faces, having people my kids know, I think that's really nice. But yeah before we had children I wouldn't have even known the local person in coffee shop.	Andrews et al., 2015, pp. 41-42
77	It's not easy to break into anything unless you're thrown in with a whole group of new people like we were with the kinder.	Andrews et al., 2015, p. 46

78	Some midwives they don't have any kids. And when I ask about the breastfeeding they are trying to answer me as the profession or as they read in the book or learn in the college, but when I ask another mum already they had practical experience. That's why they can answer you better than non-practical one... that is more acceptable and helpful for me.	McLeish & Redshaw, 2015, p. 9
79	I'd really like to meet people who I felt I had something in common with... I want to feel I belong somewhere... that I'm able to give as much as I take... I don't like to be somewhere and just be in need of help, I like to be somewhere where I can look after my kids and whatever I do in addition to that, be a valuable contribution to the environment that I'm in.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 437
80	I just can't be bothered building more relationships with other mothers that I don't really know, and other children that I don't really know...I think I'd just rather go hang out with my girlfriends so we can chat and debrief and do our gossip and build relationships with our own kids.	Davies & Harman, 2017, p. 282
81	It's just bad because there's so many random personalities, and it's a bit of a competition, like who has this and who does that...it doesn't really help when I'm sitting there thinking should I say that or shouldn't...and it also doesn't help that I don't have much to talk about other than the baby.	Davies & Harman, 2017, p. 283
82	It's been hard to meet other mums, yeah you can go to playgroup but that's just an isolated thing you wouldn't really call that, I wouldn't really call that social support because it's confined to that one day a week when you go, it doesn't really spill over to the rest of your life.	Davies & Harman, 2017, p. 283
83	They need to start making playgroups and stuff way more accessible and a bit more knowledgeable. They need to tell people what playgroups are about and really push them because they would be amazing for him but I don't know where they are and I don't know how to access them...and they need to take the fear away from them because they're terrifying.	Davies & Harman, 2017, p. 284
84	And then I think if you form friendships within that group as well, I just...I think again, that central link is your kid. And perhaps some people want to generate friendships that way, but I would rather not, because I'm not just a mum.	Davies & Harman, 2017, p. 284
85	Well there was a great deal of talking about the kids and what they do, but sometimes it's fun to talk about something else too. And I gather the fathers had a little wider perspective.	Premberg et al., 2008, p. 58
86	You think, well I've got 2 [children] what's another bring them round I've got a DVD. But then again it comes back to that I wouldn't want to burden another mother with my kids while I go have a good time at the gym you know.	Hamilton & White, 2010, p. 580
87	I find looking after 2 kids and running a household is more stressful than I've found anything else I've done... Having an agreement with another mum where I look after their kids and they look after mine so we can do exercise would feel a bit like having a binding contract. And I don't need that extra pressure at the moment.	Hamilton & White, 2010, p. 581

88	I'd need to feel comfortable about looking after another child... I think I'd feel more comfortable looking after a girl baby cause I have a girl baby, but looking after a boy baby I'd be like oh god I've never changed a boy's nappy, which is so stupid.	Hamilton & White, 2010, p. 581
89	I would have loved to know about other parents going through this same experience. We could have shared stories and helped each other.	Jenkins & Coker, 2010, p. 173
90	They stressed that it usually wasn't helpful to talk with parents of one or two babies. I think [parents of one baby] felt guilty for being overwhelmed with fewer children than me. I probably looked at them as if they had it pretty easy and would give anything to be in their shoes.	Jenkins & Coker, 2010, p. 174
91	It was just nice to come here and know that she wasn't totally abnormal, you know... and that there's another parent out there.	Kearney & Fulbrook, 2012, p. 10
92	I almost never meet other parents and rarely have the opportunity to discuss parenting... CHC nurses are busy too...	Stenhammar et al., 2012, p. 212
93	...the best people for picking up tips...	Hogg et al., 2013, p. 1144
94	It's great having other mums with babies about the same age, but you're all kind of feeling your way in the dark. But maybe to have mums that are a few months down the line, that can say 'this is my experience and maybe you'll be the same'.	Hogg et al., 2013, p. 1145
95	I was asked whether I wanted to join a group or have individual Consultations – but I felt that they wanted me to choose a group. Thus, I might not have had a real choice.	Hjälmhult et al., 2014, p. 2982
96	My wife and I were interested in such groups and, if possible, developing a social network, but we felt we did not need health information about the baby, because we thought we perhaps knew enough about babies. This was our starting-point...	Hjälmhult et al., 2014, p. 2983
97	I was a bit shocked the first time. We were two, and another arrived later, so we had only three people in a group! I thought there should be more participants in a maternity group. I was really looking forward to that.	Hjälmhult et al., 2014, p. 2983
98	She only asked two questions initially: how we are and whether we sleep enough. The next hour she said nothing more. The groups meeting are okay, however, and we have fun, but why are we at the well-child clinic? We could have been alone at a cafe as well.	Hjälmhult et al., 2014, p. 2984
99	We figured out jointly that it was a good thing that we all were first-time mothers and that all four had girls. The WCC was initially a constantly comparing template: the development and growth. I certainly felt that, with my child's development – 'You must follow the curve!'	Hjälmhult et al., 2014, p. 2983
100	Two of us breastfed and two did not; this was a recurring theme. We who breastfed strived more, the kids awoke more during the night and increased less in weight than those who got a bottle: they were big and stout. It was conspicuous how they varied. I am glad that there were two of us.	Hjälmhult et al., 2014, p. 2983
101	I have looked forward to every meeting!	Hjälmhult et al., 2014, p. 2983

102	If the PHN asked: "How are you?" "Oh fine, thank you". Then I might say: "Oh, everything is okay for you? So I am the only one who breastfeeds twice a night and so on and I am out of bed and we are sleeping too little?" "Oh no, that is not right, we don't sleep either". So we prettify a bit and do not want to show our problems.	Hjälmhult et al., 2014, p. 2984
103	Our group has been functioning well! The youngest is about 22 years old, and I think the oldest is 42 years of age. But we are very harmonious. We have a really nice time together in the group, and we have been meeting every other week on average – between the meetings at the WCC.	Hjälmhult et al., 2014, p. 2984
104	Sometimes there are two of us, and once I was alone.	Hjälmhult et al., 2014, p. 2984
105	The meeting takes another direction when [new] fathers join the group; they want more facts.	Hjälmhult et al., 2014, p. 2984
106	Three times a year is not much. I have no sense that I am in a group. If they are going to have group sessions, it should be more often!	Hjälmhult et al., 2014, p. 2984
107	Our group is mostly social; we have a network otherwise, but it is nice to see each other. Professionally, I have not got that much benefit from it, but now I've been through it once before, and I have health education, and then we have the Internet.... in our group we were joking about 'the government says that' – because we are told what to do all the time.	Hjälmhult et al., 2014, p. 2985
108	But the children's centres I think are really good. When you have a baby it can be sometimes quite a lonely time. [...] if you haven't had any other children and you haven't had a lot of experience you can kind of be like, 'Help, what do I do?' Or if your friends haven't got children as well, it's just nice to have the support and to know that other people are going through the same things that you are, and to have people to answer any questions however silly you might think they are. It's been a big help for us.	Donetto & Maben, 2015, p. 2563
109	...you kind of got a different perspective of everything. Like, you get different tips and different ways of doing things and you're not alone because there are other parents that are out there that do find things a little difficult.	Donetto & Maben, 2015, p. 2563
110	It gives you a bit of confidence with regards to breastfeeding to know that if you are having problems, you're not the only one. Some support and advice on a professional level from the health visitors has been useful, but also informally, just meeting other mums and chatting to them and just knowing that you're all going through the same thing, because nobody tells you if you're doing it right or you're doing it wrong, but to know that you're kind of doing it the same way as everybody else...	Donetto & Maben, 2015, p. 2563
111	It's just meeting other people and you can talk about everything and getting out of the house, really, because it was all a bit scary to begin with, knowing what to do and how to do things, and actually getting out of the house. But yeah, so we came here and met our two friends that we do everything with, so if I hadn't had this facility then we wouldn't have obviously made them friends. The baby group was just nice because you could see that your baby was the same as everyone else's baby, just a bit louder.	Donetto & Maben, 2015, p. 2563

112	...a lot of the women I speak to would be on their own and I think it was invaluable for them [...] to have somewhere to go for starters and to know that when they got here they were welcome no matter who they were, what they do or anything like that, you know, how their lives were, you were all the same in this room. [...] You weren't being judged, nothing like that. You come here, have a natter, have a laugh and you're all welcome, [...] and I think that's important, you know? Because you don't get a lot of people who don't judge you and they don't here.	Donetto & Maben, 2015, p. 2564
113	As I said, I felt really supported with the group here and they do seem quite a close-knit group. I think that my health visitor in particular was new, so in that respect I felt possibly that she maybe she wasn't as experienced, but then I think that she is a mum herself so that's all the experience that you need really. And so that is one of the reasons that I quite liked Melissa [a different health visitor]. Because, as I said, she is a little bit more experienced, and I just felt that they'd been there before and could give you a little bit more reassurance.	Donetto & Maben, 2015, p. 2565
114	My partner was really nervous when I was pregnant and didn't know what he was doing...just coming here so he could learn how to play with her and learn just different things...and watching all other parents as well on how they play with their children as well has grown his confidence in looking after our daughter.	Jose et al., 2019, p. 2366
115	I miss my family; especially my mother. And it would be a good support to have other parents, preferably Swedish, to discuss challenges about children's eating, sleeping and activity as well...	Stenhammar et al., 2012, p. 212

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support source or more than one support source has been mentioned in the given quotes.

Semi-formal Social Support Source: Peer Supporter/Volunteers		
No.	Data Extracted	Reference
116	It means I can talk to someone other than (my husband), 'cause I feel like I don't want to offload him on all my problems.	McLeish & Redshaw, 2015, p. 6
117	It's nice having someone to talk to because I don't have that someone to talk to.	McLeish & Redshaw, 2015, pp. 6-7
118	It was just the health visitor [told me] the basics of someone to befriend, someone to come, just chat with about anything, whatever's on your mind.	McLeish & Redshaw, 2015, p. 7
119	Like if I need to ask her something, I'll just ring her up and I'll be like, "Can you talk?" and make an appointment and she'll come to see you soon.	McLeish & Redshaw, 2015, p. 7
120	I always thought, "Are they going to go, 'Why are you depressed?'" Start picking on my personal life, but they actually didn't. (The volunteer) just went straight on at looking at, "What can we do for you?"	McLeish & Redshaw, 2015, p. 7

121	I'm still not particularly sure what the scheme is actually there for, but I know what I've been using it for and that has really helped.	McLeish & Redshaw, 2015, p. 7
122	[The volunteer] would just suggest, "Oh when shall we meet again, in about four weeks?" and so it didn't make me feel like I could say, "Actually..." I'm aware she's a volunteer, you don't want to take up too much time. (It would be better if there was) more frequency, maybe more regular time slot...then you don't need to worry about you asking too much.	McLeish & Redshaw, 2015, p. 7
123	I can [be] free to talk about myself without anybody saying, 'Oh,' or anybody still giving me names...I understand [the volunteers] were somebody like me too, we are both in the same shoe, they never blame me.	McLeish & Redshaw, 2015, p. 8
124	I can't explain myself 'cause my English is not good, so you always need someone who can explain for you. And who knows the law. I think it helped me, 'cause [the volunteer] went with me, even to the GP, 'cause they don't give you a letter if you ask them sometimes. But she explained everything to them properly and yeah, they give it.	McLeish & Redshaw, 2015, p. 8
125	[The volunteer] is like my mum. Seriously, she [has] been like a mum to me. She is my friend, I can talk to her [about] whatever I want, I can meet her whenever I want... She is really friendly, she is patient, she will listen to you and I like everything about her.	McLeish & Redshaw, 2015, pp. 8-9
126	She's like your friend, obviously she's not a friend.	McLeish & Redshaw, 2015, p. 9
127	They're not there to do a job, they're there to be your friend.	McLeish & Redshaw, 2015, p. 9
128	If when she is my [volunteer] she is already my friend, sometimes we can [feel] shy and you can't take the help...I don't want to ask her because she is my friend and I don't want to feel "I do this to you"... I don't want to hear somewhere else I done this to her... I don't want the other neighbour talk about it.	McLeish & Redshaw, 2015, p. 9
129	[The volunteer] was like on 24 h call outs, she would say, "Phone me." She could come to my place six in the evening, and I thought, "This lady doesn't know me and she is just volunteering to do this. Why is she sacrificing her own personal time? ...She wouldn't be bothering unless she really cared."	McLeish & Redshaw, 2015, p. 9
130	I was more free to [the volunteer] because she was quite open to me, unlike the midwife it was just a kind of hospital routine.	McLeish & Redshaw, 2015, p. 9
131	I developed... fever and one day my body just shut down...[the volunteer] literally ran my shower, she took off my clothes, she put me in the shower, she creamed my skin, dressed me, put me to bed, she made me some soup, she stayed with me for about four hours... They are like a part of my family... because they they've treated me no different to somebody that as far as I'm concerned I would consider a friend.	McLeish & Redshaw, 2015, p. 10
132	I would like we are friends forever, friends for life	McLeish & Redshaw, 2015, p. 10

133	If I want to get some professional suggestions I should contact GP or midwife, but they don't have enough time to understand... your situation personally. If I want to get emotional support from friends, friends can give me suggestion but their suggestion may not fit for you. I think the volunteer provides a package of solutions, choice, and they told you what's pros and cons, and you make decision which is right for you. There is no push, no demand... It's kind of between the NHS and a friend.	McLeish & Redshaw, 2015, p. 11
134	I kind of felt sorry for [the social worker]. She just looked lost when she walked into the room. She didn't seem to know what to say about having more than one baby at a time."	Jenkins & Coker, 2010, p. 175

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support source or more than one support source has been mentioned in the given quotes.

Semi-formal Social Support Source: School and Daycare Centres		
No.	Data Extracted	Reference
135	Basically, I work at my son's school so I have contact with her [his teacher] a lot so basically when it comes to my son, she has been there for me a bit lately because my son's been a bit naughty at school, she's been support for me and I've been support for her.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 441
136	I don't know if I suffer a guilt complex or not, but I don't feel I could dump the kids in child minding and go off and do sport.	Hamilton & White, 2010, p. 580
137	But I think if you were to dump them in day care or whatever so you could do physical activity my belief is that's not much of a parent.	Hamilton & White, 2010, p. 580
138	Preschool affects our children's lifestyle. Children spend all day there... preschools should have the mission to coach parents to raise children with healthy lifestyles... parents groups for instance...	Stenhammar et al., 2012, p. 212
139	A uniform policy [between preschools] would be great; there should not be differences depending on the teachers' interests.	Stenhammar et al., 2012, p. 212

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support source or more than one support source has been mentioned in the given quotes.

Semi-formal Social Support Source: Members of the Public		
No.	Data Extracted	Reference
140	Well, I think society has a responsibility for our children's lifestyle, since the politicians make the laws. I believe in early prevention	Stenhammar et al., 2012, p. 212
141	You know, everyone's got their little say, even complete strangers when you're shopping – 'Oh, I think he needs a bottle' – that's the challenge for me, other people's – what other people are saying to me, the pressures that they put on you, especially in-laws.	Bloomfield et al., 2005, p. 49
142	We want to make sure that our children fit into this society as well as our society, so they get equal balance, and we feel that there's so much pressure on us to fit into those, to get that equal balance.	Bloomfield et al., 2005, p. 50

143	I think it's because I'm young and [people think] I'm gonna stuff up all the time because I don't know what I'm doing.... I shouldn't care what people think but I do.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438
144	I think that people feel that those sorts of organisations are for a certain type of person.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 439
145	I feel like a freak show whenever we go to the grocery store and the mall. People stop me and ask the most personal of questions. I even have people take pictures of me and the babies when we are out in public.	Jenkins & Coker, 2010, p. 173
146	I was worried about people judging me.	Cosson & Graham, 2012, p. 127
147	I took the baby for a walk but I wasn't sure if that was OK.	Cosson & Graham, 2012, p. 127
148	Just like when you're walking past people in the street you think they're just looking at you and basically talking about you and everything. That's the way it feels.	Hogg et al., 2013, p. 1144

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support

source or more than one support source has been mentioned in the given quotes.

Formal Social Support Source: Professionals/Government		
No.	Data Extracted	Reference
149	I was more free to [the volunteer] because she was quite open to me, unlike the midwife it was just a kind of hospital routine.	McLeish & Redshaw, 2015, p. 9
150	I think that people feel that those sorts of organisations are for a certain type of person.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 439
151	Because we met her beforehand, we knew what to expect. We'd been told, 'Oh, your health visitor will be an old dragon,' but when I met [her], she was nice and I got on fine with her.	Hogg & Worth, 2009, p. 33
152	She was lovely. I mean, she really came in and gave me advice without making me feel that the baby wasn't really [mine]. It was like, you know, 'This is very much your baby' ... She also recognised when you weren't doing okay. She was also very concerned about us as parents and our welfare, and that was as important as Lucy's, particularly at the beginning. And she was [the] sort of person that would notice and sort of ask me if you're feeling alright. She was tuned in, very tuned in.	Hogg & Worth, 2009, p. 33
153	To me, she was like a friend, She'd sit away blethering for an hour. Other health visitors would do their job and that would be it. But [she] would always speak to you in the surgery or out in the street.	Hogg & Worth, 2009, p. 33

154	One thing I think as well... my health visitor, she was a really nice person and everything, but I didn't really relate to her very well. I couldn't talk to her about anything to do with me, my personal life. Either she was talking or I was talking, we were never really talking together.	Hogg & Worth, 2009, p. 33
155	Some midwives they don't have any kids. And when I ask about the breastfeeding they are trying to answer me as the profession or as they read in the book or learn in the college, but when I ask another mum already they had practical experience. That's why they can answer you better than non-practical one... that is more acceptable and helpful for me.	McLeish & Redshaw, 2015, p. 9
156	If I want to get some professional suggestions I should contact GP or midwife, but they don't have enough time to understand... your situation personally. If I want to get emotional support from friends, friends can give me suggestion but their suggestion may not fit for you. I think the volunteer provides a package of solutions, choice, and they told you what's pros and cons, and you make decision which is right for you. There is no push, no demand... It's kind of between the NHS and a friend.	McLeish & Redshaw, 2015, p. 11
157	When I mentioned to the... nurse that I was having relationship problems and where I lived she became patronising – [her tone] changed. She thought that I lived in the government flats. I didn't but I was being judged for even living near them.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438
158	I think it's because I'm young and [people think] I'm gonna stuff up all the time because I don't know what I'm doing... I shouldn't care what people think but I do.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438
159	Since that happened [being turned down for a food voucher] I don't want to be turned away again or be judged. People judge a lot. Charities need to prioritise people more. I really needed help but they couldn't help me. They didn't refer me anywhere else.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438
160	I felt judged, uncomfortable, afraid because I thought I would be judged a bad mum going back to work. Also I thought that I would be the only one to care for my child [if] I had to go back to work.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438
161	There are huge risks in asking for help. People can use your fear of losing your children against you.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438
162	Culturally for South East Asians it's a shame to ask...yeah there are current cultural factors so unless you ring and are giving information they won't ask, they are ashamed to do that.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 438
163	I felt humiliation at first [and it] stopped me using services. I had to swallow my pride. If you need help you just have to get on board.	Winkworth, McArthur, Layton, Thomson, &

		Wilson, 2010, p. 439
164	I didn't know any of those services existed.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 439
165	Children's services are too complicated... it's hard to know what's an ad, what's a service, what's free and what's not.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 439
166	I waited 50 minutes and I told them (person behind the desk)...is someone going to put another dollar in my meter or what...because I made it pretty clear I wasn't happy to have to wait another 50 minutes... she just sat on the computer and said is everything still the same? I said yes... and she said... alright you can go and I'll do it myself [put money in the meter].	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 440
167	Not a single organisation has been able to say yeah we see where you're coming from, we can see you've got all of this going on, we can help here, here and here...it's a case of well the only thing we can do is this and if you want any of these things you will have to go there.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 440
168	I don't trust people in organisations...never got any help from them so I don't trust them at all...I don't like them and I do not trust them. I don't trust many people with my daughter... that's why I don't ring no-one for help. If I can't do it I ring my mum... or the doctor... I'm not going to ring no-one else.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 440
169	Well [domestic violence service] are just ignorant, they aren't helping me in any way... they're just helping me to get paper work done and getting him locked up... they wouldn't care if I friggin died on the side of the road... They would just find a family for [my daughter]. They don't care about me.	Winkworth, McArthur, Layton, Thomson, & Wilson, 2010, p. 441
170	I would not have been without the childbirth education... but simultaneously it was not so useful.... But it gave me the security.... Or you learned that anything could happen, you have to be ready for that... I also remember that we drank a lot of coffee.	Premberg et al., 2008, p. 58
171	I found the doctor's advice to visit the child left in the hospital only once a day helpful. It gave me and my wife permission to take some time for ourselves without feeling like we were bad parents.	Jenkins & Coker, 2010, p. 173
172	It's difficult to find out about services. I've found out about them through other people and friends.	Winkworth, McArthur, Layton, & Thompson, 2010, p. 211
173	Sometimes when you go and have meetings with people – it's just their attitude, they seem to look down on you – it makes you feel very uncomfortable so you don't want to go and do it again. Workers should do courses in how to communicate with single mothers, young mothers, people in difficult situations.	Winkworth, McArthur, Layton, & Thompson, 2010, p. 212

174	[I think] fear is quite reasonable [from sole parents]. The element of do you want these people who access these services to know you? To some degree fear is warranted. The service delivery often has the effect that people who are very troubled or dysfunctional are all in the same group instead of going into mixed groups.	Winkworth, McArthur, Layton, & Thompson, 2010, p. 212
175	Yes I feel judged sometimes. Clinic nurses are nice but you can also leave feeling bad/judged... You feel as though your child is not up to scratch especially if it's the first child. You feel like a failure...	Winkworth, McArthur, Layton, & Thompson, 2010, p. 212
176	...I think that people feel that those sort of organisations are for a certain type of person. Everyone needs them. You look like a failure if you use them... maybe more community services ads or... that everyone can have issues with children. It can be all sorts of people that have postnatal depression. It's not just single parents or people on low incomes – everyone needs help.	Winkworth, McArthur, Layton, & Thompson, 2010, p. 212
177	The staff took you aside individually and talked to you about your goals and what you valued and what you thought.	Cosson & Graham, 2012, p. 127
178	The nurses showed a lot of empathy and you felt as if you weren't the only person with a problem.	Cosson & Graham, 2012, p. 127
179	It was more for my partner	Cosson & Graham, 2012, p. 127
180	I felt left out	Cosson & Graham, 2012, p. 127
181	I felt like I was seen more as an adjunct, not necessarily having a primary role.	Cosson & Graham, 2012, p. 127
182	The program is designed for mums.	Cosson & Graham, 2012, p. 127
183	There's nothing to encourage us to stay during the day.	Cosson & Graham, 2012, p. 127
184	I felt like a third wheel.	Cosson & Graham, 2012, p. 127
185	They thought my wife made me come but it was my choice.	Cosson & Graham, 2012, p. 127
186	I felt when I posed a direct question to nursing staff about inconsistency that I caused quite a defensive response.	Cosson & Graham, 2013, p. 127
187	And they give me regular check-ups on him. You know the weigh-in and that, and you can sort of keep an eye on things... so that helped me a lot.	Kearney & Fulbrook, 2012, p. 9
188	I think I was shocked the first time I got asked how I was...she said, 'How are you?' and I thought, ****, I can't answer that question. I don't think I know how I am...because I hadn't thought about me for a long time...	Kearney & Fulbrook, 2012, p. 9
189	It was just nice to come here and know that she wasn't totally abnormal, you know... and that there's another parent out there.	Kearney & Fulbrook, 2012, p. 10
190	...just everything, Olivia [the CHN] was my life saver... literally with [my daughter] Alice, it was really good just to come here and go, yep everything's good, but... I don't think I could have got through the first 12 months, literally, without her.	Kearney & Fulbrook, 2012, p. 11

191	She [the nurse] makes you feel like you're the only person to see, and there might be 10 people around. She may say, 'Your hair looks great today' and you're like, 'Oh, thanks!' Just those little things make you feel like someone's taking an interest in you.	Kearney & Fulbrook, 2012, p. 11
192	...they don't feel the pressure... Yeah, so at least they're doing the right thing. And if you've still got more questions they will continue on offering more solutions, so I think that that's really good.	Kearney & Fulbrook, 2012, p. 12
193	I almost never meet other parents and rarely have the opportunity to discuss parenting...I almost never meet other parents and rarely have the opportunity to discuss parenting... CHC nurses are busy too...	Stenhammar et al., 2012, p. 212
194	The Child Health nurses are parenting experts, and they could come to the preschool to support parents, teachers and even the children... Moreover, the nurses should be available for discussions with parents when families come for health examinations.	Stenhammar et al., 2012, p. 212
195	I think...you do get treated differently, ...not like in your face difference, but there is a difference in the way you get treated, you know. Like when I got my maternity grant through, my midwife asked me what I was spending it on and I told her and she said well I hope it's not going to fall into the wrong hands and just get spent. That's just saying well I think you're young and incapable.	Hogg et al., 2013, p. 1144
196	I found it really difficult, but I persisted and I ended up really sore and cracked and bleeding and basically the only information I got from the midwife was keep trying.	Hogg et al., 2013, p. 1144
197	...they were putting pressure on me to do what was right for them but not maybe what was right for us.	Hogg et al., 2013, p. 1144
198	I'm never quite sure who does what, so maybe I'm not getting the right answers because I'm not going to the right person.	Hogg et al., 2013, p. 1144
199	We were slightly ignored by some of the health visitors because they thought we knew all about it. But it was seven years and we had forgotten everything.	Hogg et al., 2013, p. 1144
200	I was asked whether I wanted to join a group or have individual consultations – but I felt that they wanted me to choose a group. Thus, I might not have had a real choice.	Hjälmhult et al., 2014, p. 2982
201	She only asked two questions initially: how we are and whether we sleep enough. The next hour she said nothing more. The groups meeting are okay, however, and we have fun, but why are we at the well-child clinic? We could have been alone at a cafe as well.	Hjälmhult et al., 2014, p. 2984
202	But the children's centres I think are really good. When you have a baby it can be sometimes quite a lonely time. [...] if you haven't had any other children and you haven't had a lot of experience you can kind of be like, 'Help, what do I do?' Or if your friends haven't got children as well, it's just nice to have the support and to know that other people are going through the same things that you are, and to have people to answer any questions however silly you might think they are. It's been a big help for us.	Donetto & Maben, 2015, p. 2563

203	It gives you a bit of confidence with regards to breastfeeding to know that if you are having problems, you're not the only one. Some support and advice on a professional level from the health visitors has been useful, but also informally, just meeting other mums and chatting to them and just knowing that you're all going through the same thing, because nobody tells you if you're doing it right or you're doing it wrong, but to know that you're kind of doing it the same way as everybody else...	Donetto & Maben, 2015, p. 2563
204	...these places are like a godsend, because if you are a single parent you don't have loads of money to go and do stuff...I go to all these things because it gets me out of the house. I'm not just sitting around on my own. You meet other people.	Donetto & Maben, 2015, p. 2564
205	Because I went through a stage where I didn't want to go out of the house. [...] I was nervous to come down here on my own to the [baby class]. [...] [The family support worker] met me at my house and actually walked me down here [...] and she came in with me. [...] Without that I would never have got out and I wouldn't have got the friends that I've got now so...	Donetto & Maben, 2015, p. 2564
206	Well, it's because I talked to my partner about it and I was saying, 'Oh, we could go to the clinic, but then you don't know who you're going to get at the clinic, or I could talk to Sharon because I'd seen her that many times at the group that I knew that she was, like, a decent person. She wasn't someone who is full of misinformation or that kind of thing, which you do get. I mean, you get that in all jobs though, there's going to be people who don't have as much information as others. I knew she was good so I kind of trusted her enough to mention it to her.	Donetto & Maben, 2015, p. 2565
207	As I said, I felt really supported with the group here and they do seem quite a close-knit group. I think that my health visitor in particular was new, so in that respect I felt possibly that she maybe she wasn't as experienced, but then I think that she is a mum herself so that's all the experience that you need really. And so that is one of the reasons that I quite liked Melissa [a different health visitor]. Because, as I said, she is a little bit more experienced, and I just felt that they'd been there before and could give you a little bit more reassurance.	Donetto & Maben, 2015, p. 2565
208	And then I became attached to one particular health visitor who I saw each week. And she was helping me through it all, so the original health visitor who I saw I didn't see any longer because the other one kind of took over; because we'd sort of got a bond together and anything I needed I preferred to see her, which was nice. [...]... when I went over to the desk to ask for [my daughter] to be weighed I'd ask if Terry was there, because the other ones, they were all lovely but they tended to talk mostly about breastfeeding and there were other things that I wanted to talk about.	Donetto & Maben, 2015, p. 2565
209	Before I even started coming here I didn't know what to do, being a young single mum and doing it all by myself, but I started coming here and I was shown how to do different things with my girls, and it's truly amazing of what here has helped me learn and do with my girls.	Jose et al., 2019, p. 2365

210	I've learnt so much, 50% of what I know has come from here [Centre]... It has taught me a lot. I've learnt how to speak to her and discipline her...I'm not yelling and screaming. I'm explaining things to her better.	Jose et al., 2019, p. 2365
211	I took my husband through [parenting course] as well so that's given both of...us heaps of new ideas.	Jose et al., 2019, p. 2365
212	I've learnt to have more patience and that sort of thing, it's not just – I don't know – I've learned to be calmer...if I need to just have a break then go off and have a break, leave the kids to do whatever they're going to do and just go have a time-out or whatever whereas before I just would have [respondent mimes rage] and then gone off, but yeah, just implementing little things to help the overall home life, has been helpful.	Jose et al., 2019, p. 2366
213	You see all these programmes and you should be doing things this way or that way. There is no right way of doing anything, is there?... I suppose you learn from other people's experiences to a certain extent.	Bloomfield et al., 2005, p. 52
214	We figured out jointly that it was a good thing that we all were first-time mothers and that all four had girls. The WCC was initially a constantly comparing template: the development and growth. I certainly felt that, with my child's development – 'You must follow the curve!	Hjälmhult et al., 2014, p. 2983

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support

source or more than one support source has been mentioned in the given quotes.

Mixed Social Support Source: Website, Forum, Discussion platforms, Helplines, Books, etc		
No.	Data Extracted	Reference
215	With the first one, you weren't sure about anything. Even bathing the baby, feeding them, you weren't sure about anything, you looked at books after books.	Bloomfield et al., 2005, p. 50
216	(you) can get on (online) at any time of day or night and look up info on parenting website...helpful tips and reassurance that others may be experiencing similar situation to you.	Strange et al., 2018, p. 170
217	When very desperate with parenting I seek parenting websites for positive thinking and suggestion how to overcome my despair.	Strange et al., 2018, p. 170
218	I am in an online mothers' group from all over Australia...and their support and advice has been invaluable... I have met four of the 20 ladies and catch up with two of them regularly.	Strange et al., 2018, p. 170
219	When moving to a new country where you know nobody with two pre-school children it is very hard to meet people and the websites and mothers' groups I joined online have built into some amazing friendships.	Strange et al., 2018, p. 171
220	I think without internet support I would have far less communication with other adults and other parents and I would struggle with the lack of information to read about parenting – (and) feel much more like I have no idea what I'm doing.	Strange et al., 2018, p. 171

221	As a parent that has a husband that works away I often spend days at home with the kids and feel like I miss out on adult conversation and support. I use Facebook daily – it reduces my loneliness and helps me feel connected to the community.”	Strange et al., 2018, p. 172
222	We live on the other side of the world from our families, so things like email and Facebook are great ways to stay in touch with people who sleep while we are awake and vice-versa.	Strange et al., 2018, p. 172
223	I've moved to a new area less than a week ago...however, I can still access Facebook to keep in touch with my mothers' group to organise catch ups etc...	Strange et al., 2018, p. 172
224	Sometimes there is too much conflicting information available. As a new mum it becomes too confusing and can lead to anxiety.	Strange et al., 2018, p. 172
225	Online mothers groups have definitely helped me in many ways, such as providing reassurance... But I've also seen it abused and people bullied... (they) enforce their opinions to make others feel bad about themselves.	Strange et al., 2018, p. 172
226	Sometimes you have to search high and low for answers to questions that you might have. It can be difficult... With the internet being anonymous it is much easier for people to say things that they would not normally say to your face. This can have a negative impact on a mother or father who is already vulnerable.	Strange et al., 2018, p. 172
227	While it is good for advice on certain issues or problems you may be having, sometimes people's opinions can be more harmful than good. An example is breast feeding. Some women are quite passionate about advocating for breast feeding stating that it is the only acceptable way for mothers to feed their babies. These strong views can affect mothers who can't or have real difficulty breast feeding their babies making them sometimes feel very inadequate and less supported.	Strange et al., 2018, p. 172
228	I think it makes it easier to connect with people But I do think it also increases isolation as more and more people hide inside behind a computer screen instead of getting outdoors and meeting people face to face in the community.	Strange et al., 2018, p. 172
229	For families doing it tough, it's an easy way to source information and feel connected to what is going on. But on the bad side, if they don't get outta the house their social skills suffer and isolation becomes greater.	Strange et al., 2018, p. 172
230	There are plenty of online websites that have other mums available to provide online support. There are negatives to this - people are more likely to get support online instead of making an effort with neighbours and people at local parks.	Strange et al., 2018, p. 172
231	It's instant and there all the time but it means we don't work as hard to catch up with people face to face.	Strange et al., 2018, p. 173
232	Yes - positive when people comment (on social media) on photos of children or comment on your updates. No - can be negative when you read status (on social media) etc of people claiming life is all good and their kids are brilliant and everything is all lovely and rosy when you feel like everything in your life is the complete opposite.”	Strange et al., 2018, p. 173

233	Mostly yes, but sometimes, if you are having a bad day, friends positive-propaganda pictures (on social media) of seemingly perfect lives with well behaved, sleeping children can make you feel inadequate! No one ever posts pictures (on social media) of stretch marks and screaming toddlers-when in actual fact, that's just the reality some days!"	Strange et al., 2018, p. 173
234	Online communication has shown me that other parents share similar experiences to me by way of photographs and captions describing such experiences. On the other hand parental pride expressed in this medium can, at times, make me feel inadequate as a parent...doh!	Strange et al., 2018, p. 173
235	I really needed to speak to other women who were in the same position as me. I go into the forum and you just choose a topic you want to speak about and put a question up. I got six replies that day, all really positive and all confirming what I'd suspected myself anyway, but I just needed a bit of back up.	Hogg et al., 2013, p. 1145
236	When I say I use the internet I don't actually use these chat room things because I just find it's too, I don't have the time, you know, to keep checking my, you know. So I would just really look up a specific subject to see the information available on that subject. But, you know, yeah, possibly if there was some sort of thing that, you know, other people had a similar problem that you could actually, you could probably just get their contact details and contact them direct.	Hogg et al., 2013, p. 1145
237	We get that [parenting] information really shoved down our throats when we're deploying or when we're doing whatever type of annual training, but it's usually like just in packets and packets of stuff. You don't want to read through it. It's— [I] think [we might be more likely to read it] if it's more, maybe to the point. Because a lot of it is just so much information [that] no one wants to read through it at that moment. You just throw the paper to the side.	Lee et al., 2013, p. 911

Note. Quotes in bold are repeated in other support source categories as they may be applied to more than one support

source or more than one support source has been mentioned in the given quotes.

Appendix F

Detailed Description of the Six-Phase Approach to Thematic Analysis

Phases of Thematic Analysis	Means of Establishing Trustworthiness Undertaken by the Primary Author
Phase 1: Familiarizing yourself with your data	<p>The primary author engaged with the data for prolonged periods through repeated reading of the data in order to adequately understand the participants' perspectives in relation to the research questions of studies conducted and the relevancy of these perspectives to the research questions of the current review. Additionally, the primary author conducted a line-by-line coding process to ensure the content and meaning of each datum extracted were adequately captured.</p> <p>A reflexive journal documenting all theoretical and reflective thoughts was also kept to provide an audit trail of any pre-existing beliefs and biases that may affect the interpretations of the data and to record any patterns or meaning that were observed during the process.</p>
Phase 2: Generating initial codes	<p>Through the documented meanings and patterns gained in phase 1, an initial list of 44 codes was generated. All data were assigned with as many codes as deemed relevant, as each code highlighted an interesting phenomenon of the data extracted. The primary author also attempted defining each code generated to eliminate redundant or interchangeable codes and ensure that each code possesses explicit boundaries.</p> <p>Researcher triangulation was used to enhance the credibility of the codes. The primary author's supervisor conducted independent analysis of the data, and extensive discussions on the data extracted, the codes' definitions and the appropriateness of the assigned codes were carried out between the primary author and her supervisor. This led to the refinement of codes' definitions and the elimination of five codes that were regarded as interchangeable with existing codes.</p>
Phase 3: Searching for themes	<p>During this phase, the primary author started the thematic search by gathering a few related codes to form a theme, while those that were marginally relevant were aggregated to form subthemes or themes that require further analysis. Codes that did not fit into the generated themes or subthemes were housed under a "Miscellaneous theme" to await for further reviews.</p> <p>Five hierarchical diagrams were constructed to visually present the links between main themes and subthemes identified. Discussions between the primary author and her supervisors were subsequently held to examine the accuracy and appropriateness of the themes and subthemes, in relation to the codes that were housed under them.</p>
Phase 4: Reviewing themes	<p>Discussions held during phase 3 encouraged the re-examination of the individual themes and subthemes. This involved the primary author re-</p>

	<p>reading the data extracted and determining if the data evidently and accurately reflect the themes or subthemes. Beside the refinement of the codes' definitions, themes like 'support experiences' and 'miscellaneous' were eliminated, as codes that formed the former theme were seen as highly general, while those in the latter theme were reassigned to other themes. Additionally, codes which did not have sufficient data were removed. Some codes were also regrouped to form a new subtheme. For instance, codes like 'conflicting parenting practices' and 'implementing consistent discipline' were combined in the previous phase to form the subtheme of 'parenting practices'. However, the code titled 'quality caregiving' was added to it in this phase and the subtheme was renamed as 'quality of parenting support', to encompass data that revealed parents' view relating to parenting support.</p> <p>Following the redefinition and reorganisation of codes into major themes and minor subthemes, the primary author tested for referential adequacy by returning to the extracted data and reassigning them to the subthemes created. This helped to ensure that all conclusions drawn on the themes and subthemes were grounded in the data extracted. The themes and subthemes were also vetted by the supervisor of the primary author and discussions on their appropriateness and accuracy were also held.</p>
Phase 5: Defining and naming themes	<p>Once consensus on the themes and subthemes was reached between the primary author and her supervisor, the themes' and subthemes' names were reviewed to ensure that the chosen names were able to give readers a clear sense of the phenomena answered by each theme and subtheme. The primary author also defined the themes and subthemes and these were vetted by the supervisor of the primary author, before proceeding to the last phase of 'producing the report'.</p>
Phase 6: Producing the report	<p>In this final phase, the primary author reported the findings, drawing on the data extracted, summarising any patterns observed and giving interpretations or explanations to observations made and recorded.</p>

Appendix G

Definitions of Codes

No.	Code	Definition
1	Availability	Parent seeks or defers seeking support from the identified source based on whether the social contact is physically present or available to provide the needed support.
2	Conflicting Parenting Practices	Parent resists or defers seeking support from the identified source as the parenting practices of the social contact are in conflict with those practiced by the parent.
3	Cultural Implications	Parent seeks or defers seeking support from the identified source due to what seeking and receiving support means or implies within a culture.
4	Design of the Community	Parent's ability to seek support from the identified source has indirectly been influenced by the design or layout of the community.
5	Distance & Time	Parent resists or defers seeking support from the identified source due to amount of distance and/or time (zonal) differences between support provider and the parent.
6	Established Relationship	Parent seeks or prefers receiving support from the identified source due to an existing established relationship between parent and the social contact.
7	Expectation on Support	Parent seeks or defers seeking support from the identified source due to differences in the parent's and social contact's implicit expectations of what support constitutes.
8	Fear of Acknowledging Insufficiency	Parent resists or defers seeking support from social contacts of one or more support source due to a strong reluctance to admit they did not possess the skills or knowledge to handle the situation.
9	Fear of Social Judgement/Embarrassment	Parent resists or defers seeking support from the identified source due to fear of facing social stigma, embarrassment or perceives he/she might be negatively judged as an individual or in their parent role.
10	Freedom to Talk or Share	Parent seeks or accepts support from the identified source as social contact is perceived as non-judgemental or giving parent the freedom to talk or share their thoughts or feelings.
11	Guilt in Asking for Support	Parent resists or defers seeking support from the identified source due to a sense of guilt arising from asking for support.
12	Implementing Similar Expectations	Parent seeks or defers seeking support from the identified source based on whether the social contact shares and has similar expectations on his/her children.
13	Insufficient or Confusing Information	Parent either resists/defers seeking support, or is only able to seek limited support from the identified source due to insufficient or confusing amount of information received.
14	Interest in Building Relationship	Parent seeks or defers seeking support from the identified source based on whether they have an interest in building

		relationship with the social contact and establishing new support sources for himself/herself.
15	Knowledge of What is Needed	Parent seeks or defers seeking support from the identified source or rejects support sources based on whether the social contact possesses knowledge about what type of support is needed or how the parent can be supported.
16	Loss of Autonomy	Parent resists or defers seeking support from the identified source as receiving support from the social contact makes parent feel less autonomous.
17	Loss of Identity/ Lack of Identification	Parent resists or defers seeking support from the source due to fear of losing their individual identity, a lack of identification with the social contact or reluctance to be identified with the social contact.
18	Negative Consequences	Parent resists or defers seeking support from the identified source for fear of the negative consequences they may face, like losing their child's custody.
19	Negative Support	Parent rejects the support of the social contact as comments or actions enacted by social contact resulted in the parent feeling less supported.
20	Obligation to Support	Parent seeks support from the identified source as the social contact has an obligation to provide support to the parent.
21	Opportunities to Establish Relationship or Seek Informal Support	Parent seeks or defers seeking support from the identified source due to sufficient or insufficient naturally-occurring opportunities to establish relationship and seek informal support.
22	Proactive, Voluntary Support	Parent seeks or defers seeking support from the identified source due to social contact's proactiveness in giving support voluntarily.
23	Quality Caregiving	Parent seeks or defers seeking support from the identified source based on whether the social contact is able to provide quality caregiving to the children of the parent.
24	Readily Available Information	Parent seeks support from the identified source as the social contact can provide readily available information to meet their need for informational support.
25	Reciprocal Support	Parent seeks or defers seeking support from the identified source based on whether they perceive reciprocal support as desirable.
26	Relevancy and Practicality of Knowledge	Parent seeks or defers seeking support from the identified source based on whether the social contact possesses the appropriate knowledge and is able to provide relevant and practical support.
27	Resentment towards Asking for Support	Parent resists or defers seeking support from the identified source due to feelings of resentment towards needing to ask for support from the social contact.
28	Sense of Identity	Parent seeks from the source as the parent feels a sense of identification with the social contact.

29	Similarity of Life Experiences	Parent seeks or defers seeking support from the identified source based on whether the social contact is perceived as possessing similar life experiences as the parent.
30	Social Comparison	Parent seeks or defers seeking support from the identified source based on whether the opportunity to compare himself/herself to the social contact is seen as desirable or undesirable.
31	Supporter's Constraint	Parent rejects or defers seeking support from the source due to social contact's personal constraints such limited time, dissimilarity of experiences, limitation of knowledge or age.
32	Support Desire	Parent's decision to seek or defer seeking support is influenced he/her perception and interpretation of the social contact's degree of interest or desire to provide support.
33	Social Exclusion	Parent resists or defers seeking support from the source due to fear of being or having had past experience of being socially excluded by the social contacts belonging to the same source.
34	Social Inclusion	Parent seeks support from the source as he/she feels socially included by the social contact as a result of the support received.
35	Social Isolation	Parent rejects support source due to a long period of social isolation and the resulting discomfort in connecting with social contacts in person again.
36	Support for Personal Choice	Parent seeks or accepts support from the identified source as the social contact is perceived as supportive of his/her choices relating to parenting and childrearing.
37	Support for Personal Priorities	Parent seeks or accepts support from the identified source as the social contact is perceived as supportive of the parent's personal interests or desires (hobbies, education, etc.).
38	Support Obligation	Parent resists or defers seeking support from the identified source due to reluctance to reciprocate the support received.
39	Trustworthiness or Credibility of Support Source	Parent seeks or rejects support source based on whether the recipient perceives the social contact as trustworthy or credible in providing the support needed.
40	Weak and Superficial Relationships	Parent resists or defers seeking support from the identified source due to a lack of relationship established with the social contact.

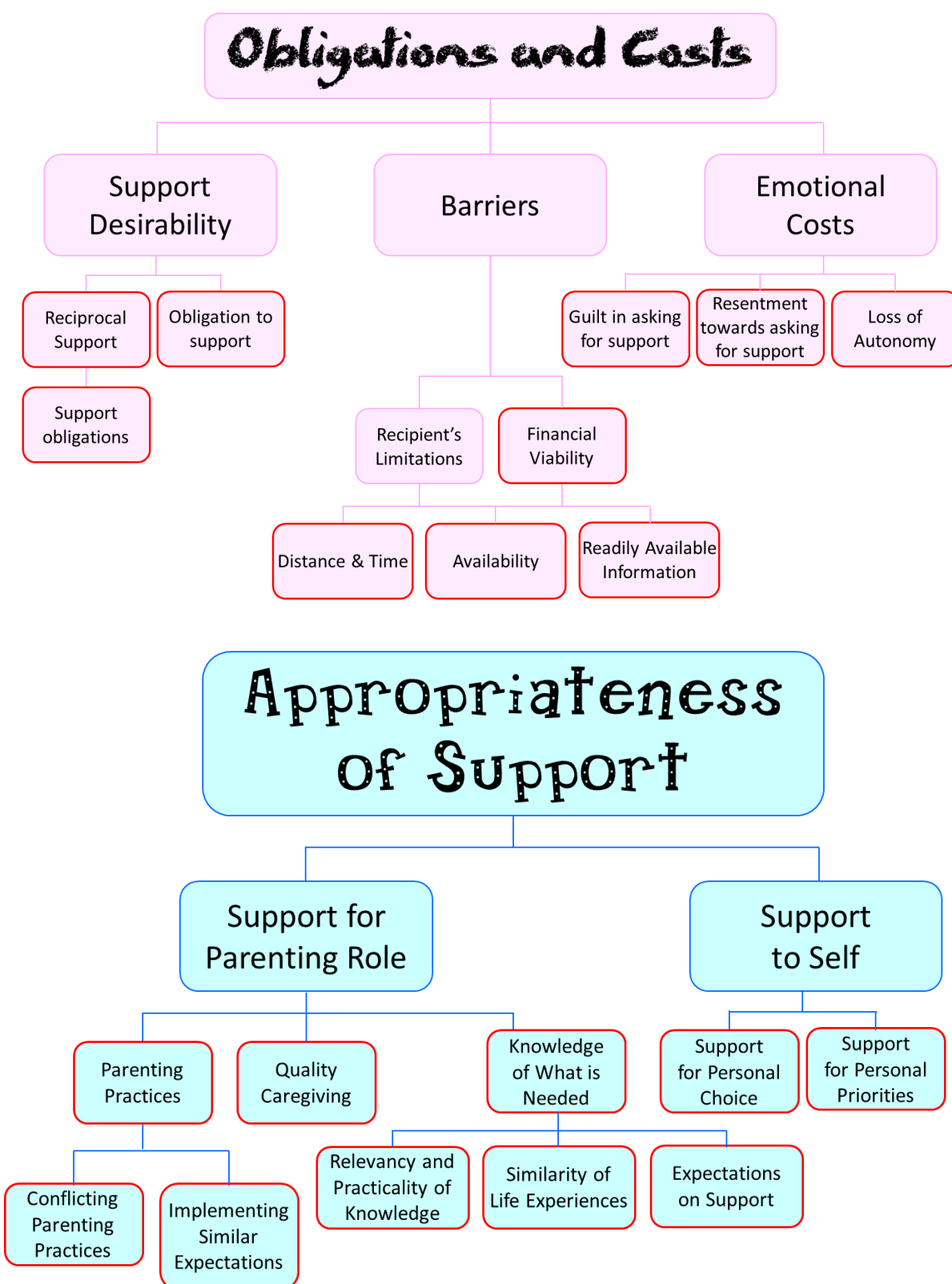
	Rejected Codes	Definition
1	Financial Viability	Parent seeks or defers seeking support from the identified source due to the monetary cost involved in reaching the social contact.
2	Negative Collegial Support	Parent resists or defer seeking support from colleagues as the support received is deemed unhelpful or negative.
3	Negative Past Experience	Parent resists or defer seeking support from the identified source as past experiences of receiving support from social

		supporters of the same or similar support source were deemed as negative.
4	Positive Past Experiences	Support recipient seeks or accepts support from the identified source as past experiences of receiving support from social supporters of the same or similar source were deemed as positive.
5	Positive Support	Comments or actions enacted by social supporters that result in support recipient feeling more supported.

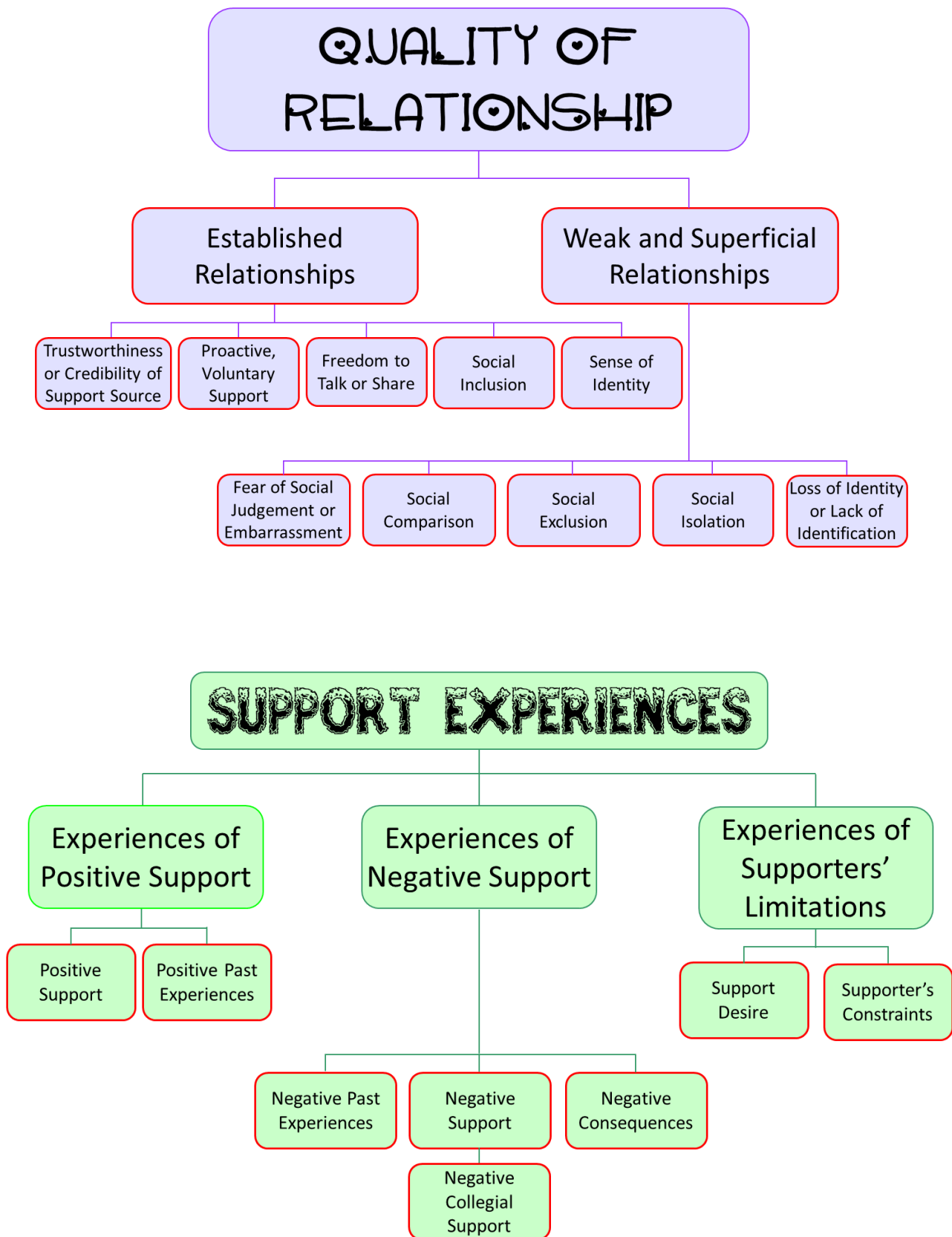
Note. The above five codes are rejected on the basis that (a) there are insufficient quotes (e.g. only one quote was given), (b) the codes lack specificity, or (c) their definitions either overlapped with or can be subsumed under other codes' definitions.

Appendix H

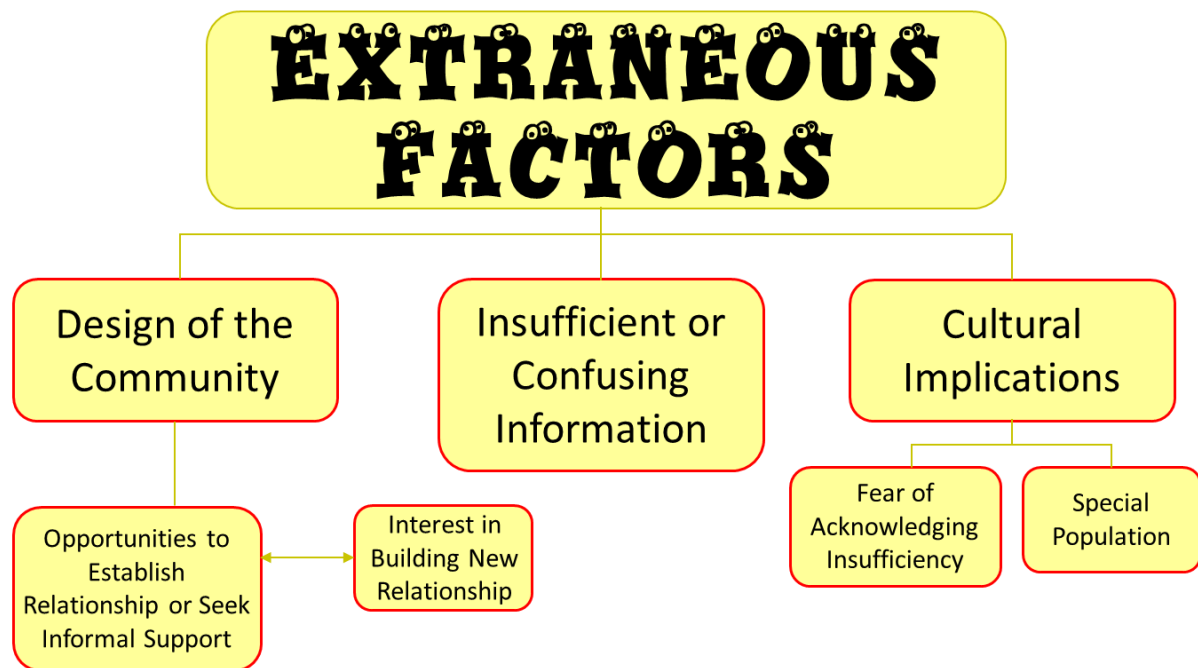
Initial List of Themes and Subthemes Generated at Phase Three of the Thematic Analysis Process



Note. Red-outlined boxes represent the 45 codes which have been generated through the extracted data.



Note. Red-outlined boxes represent the 45 codes which have been generated through the extracted data.



Note. Red outline boxes represent the 45 codes which have been generated through the extracted data.

Appendix I

Table of Themes, Subthemes and Their Assigned Quotes

	Accessibility				Relationship				Supporter's Factors						Parent's Personal Factor				
	Distance	Time	Availability	Information (needed to access the support source)	Strength of Relationship	Opportunity for Building Relationship	Interest in Building Relationship	Social Exclusion vs Social Inclusion	Similarity of Life Experiences	Relevancy & Practicality of Knowledge/Experience	Supporter's Obtrusiveness	Affirmation of Parent's Personal Goals/Interest	Sensitivity to Parents' Needs (Genuine Concern)	Quality of Parenting Support	Parent's Expectations	Guilt	Fear	Social Comparison	Reciprocal Support
Informal Source	Family/Relatives 2,4,8	Family/Relatives 8	Family/Relatives 5, 11		Family/Relatives 5,6,8					Family/Relatives 12	Family/Relatives 1	Family/Relatives 14		Family/Relatives 9,10		Family/Relatives 9	Family/Relatives 7		
			Spouse/Partner 16,19,26		Spouse/Partner 19,31 (Obligation)					Spouse/Partner 15,24,38,40,41		Spouse/Partner 21,23,25,26,29		Spouse/Partner 17,18,27		Spouse/Partner 20,25,27,28	Spouse/Partner 22,34,35,39 (Fear of acknowledging insufficiency)		
					Friends 44,63					Friends 60,64,65,66,68		Friends 43, 69		Friends 64		Friends 59	Friends 59.62		
	Neighbours 45,54		Neighbours 45, 46		Neighbours 47,52,54,57					Neighbours 57				Neighbours 48,58 (Proactive, voluntary support)					
										Colleagues 70		Colleagues 72,73							
Semi-formal Source				Other Parents 83	Other Parents 82,113	Other Parents 92,97,104,106	Other Parents 76,96,80,95,97	Other Parents 75,77,101,103,107, 112,113	Other Parents 89,90,91,94,99,108,109, 110,111,112 Sense of Identification - 84,85,100,115	Other Parents 74,78,89,90,91,93,94,108, 109,114		Other Parents 85,86,87			Other Parents 98,105,107	Other Parents 86	Other Parents 83,111	Other Parents 81,99,100	Other Parents 79,86,87,88,89
		Volunteers 119,122,125	Volunteers 119,125	Volunteers 121	Volunteers 125,126,127,129, 131				Volunteers 123	Volunteers 124,134		Volunteers 116,117,118,120,123, 125,131,133			Volunteers 122,126,132,		Volunteers 123,128,130		
														School 135	School 138,139	School 136,137			
												Public 141			Public 140		Public 142,143,144,145,146,147,148		
Formal Source		Professionals 156,166,192	Professionals 191,192,199	Professionals 162,164,165, 170,198	Professionals 153,168,206,208	Professionals 204 (provide opportunity to build relationship with others)		Professionals 179,180,181,182,184	Professionals 154	Professionals 151,155,169,170,187,189,190, 192,196,202,203,206,207,208,209,210,211,212,213	Professionals 152,213	Professionals 160,177,208	Professionals 149,152,154,167,169, 171,178,179,180,181, 182,183,188, 191,196,197,199,200, 201,205		Professionals 194		Professionals 150,157,158,159,163,173,174, 175,176,205 161 (risk of losing their children), 162 (cultural embarrassment),		
Mixed Source (Books, online)	Internet/Books 218,219,222,223, 228	Internet/Books 216,222		Internet/Books 215,217,220,224,226, 229,236,237		Internet/Books 218,219,221,228, 230, 231	Internet/Books 228,229,230, 231 (reduced interest in face-to-face meetings)		Internet/Books 216,234,235	Internet/Books 216,217,227,230,235,236	Internet/Books 225,226,227							Internet/Books 232,233,234	

Note. Enlarged version in the subsequent pages. Bold numbers represent quotes which have been repeated in more than one source as they may be applied to more than one support source or more than one support source has been mentioned in the given quotes.

	Accessibility				Relationship			
	Distance	Time	Availability	Information (needed to access the support source)	Strength of Relationship	Opportunity for Building Relationship	Interest in Building Relationship	Social Exclusion vs Social Inclusion
Informal Source	<u>Family/Relatives</u> 2,4,8	<u>Family/Relatives</u> 8	<u>Family/Relatives</u> 5, 11	<u>Friends</u> 66 (helping to provide info)	<u>Family/Relatives</u> 5,6,8			
			<u>Spouse/Partner</u> 16,19,26		<u>Spouse/Partner</u> 19,31 (Obligation)			
					<u>Friends</u> 44,63	<u>NEW Friends</u> 67		
	<u>Neighbours</u> 45,54		<u>Neighbours</u> 45, 46		<u>Neighbours</u> 47,52,54,57	<u>Neighbours</u> 48,50,51,52,53,55,56	<u>Neighbours</u> 49	
Semi-formal Source				<u>Other Parents</u> 83	<u>Other Parents</u> 82,113	<u>Other Parents</u> 92,97,104,106	<u>Other Parents</u> 76,96, 80 ,95,97	<u>Other Parents</u> 75,77,101,103,107, 112, 113
		<u>Volunteers</u> 119,122,125	<u>Volunteers</u> 119,125	<u>Volunteers</u> 121	<u>Volunteers</u> 125,126,127,129, 131			
Formal Source		<u>Professionals</u> 156,166,192	<u>Professionals</u> 191,192,199	<u>Professionals</u> 162,164,165, 170,198	<u>Professionals</u> 153, 168 ,206,208	<u>Professionals</u> 204 (provide opportunity to build relationship with others)		<u>Professionals</u> 179,180,181,182,184
Mixed Source (Books, online)	<u>Internet/Books</u> 218,219,222,223, 228	<u>Internet/Books</u> 216,222		<u>Internet/Books</u> 215,217,220,224,226, 229,236,237		<u>Internet/Books</u> 218,219,221,228, 230, 231	<u>Internet/Books</u> 228,229,230, 231 (reduced interest in face-to-face meetings)	

Supporter's Factors						
	Similarity of Life Experiences	Relevancy & Practicality of Knowledge/Experience	Supporter's Obtrusiveness	Affirmation of Parent's Personal Goals/Interest	Sensitivity to Parents' Needs (Genuine Concern)	Quality of Parenting Support
Informal Source		<u>Family/Relatives</u> 12	<u>Family/Relatives</u> 1	<u>Family/Relatives</u> 14		<u>Family/Relatives</u> 9,10
		<u>Spouse/Partner</u> 15,24,38,40,41		<u>Spouse/Partner</u> 21,23,25,26,29	<u>Spouse/Partner</u> 28,29,30,38	<u>Spouse/Partner</u> 17,18,27
	<u>Friends</u> 42,44,60,63	<u>Friends</u> 60,64,65,66,68		<u>Friends</u> 43, 69		<u>Friends</u> 64
		<u>Neighbours</u> 57			<u>Neighbours</u> 48,58 (Proactive, voluntary support)	
		<u>Colleagues</u> 70		<u>Colleagues</u> 72,73		
Semi-formal Source	<u>Other Parents</u> 89,90,91,94,99,108,109,110,111,112 Sense of identification - 84,85,100,115	<u>Other Parents</u> 74,78,89,90,91,93,94,108,109,114		<u>Other Parents</u> 85,86,87		
	<u>Volunteers</u> 123	<u>Volunteers</u> 124,134	<u>Volunteers</u> 116,117,118,120,123,125,131,133			
			<u>Public</u> 141			<u>School</u> 135
Formal Source	<u>Professionals</u> 154	<u>Professionals</u> 151,155,169,170,187,189,190,192,196,202,203,206,207,208,209,210,211,212,213	<u>Professionals</u> 152,213	<u>Professionals</u> 160,177,208	<u>Professionals</u> 149,152,154,167,169,171,178,179,180,181,182,183,188,191,196,197,199,200,201,205	
Mixed Source (Books, online)	<u>Internet/Books</u> 216,234,235	<u>Internet/Books</u> 216,217,227,230,235,236	<u>Internet/Books</u> 225,226,227			

Parent's Personal Factor					
	Parent's Expectations	Guilt	Fear	Social Comparison	Reciprocal Support
Informal Source		<u>Family/Relatives</u> 9	<u>Family/Relatives</u> 7		
	<u>Spouse/Partner</u> 21,29,30	<u>Spouse/Partner</u> 20,25,27,28	<u>Spouse/Partner</u> 22,34,35,39 (Fear of acknowledging insufficiency)		
		<u>Friends</u> 59	<u>Friends</u> 59,62		<u>Friends</u> 42,46
					<u>Neighbours</u> 54
Semi-formal Source	<u>Other Parents</u> 98,105,107	<u>Other Parents</u> 86	<u>Other Parents</u> 83,111	<u>Other Parents</u> 81,99,100	<u>Other Parents</u> 79,86,87,88,89
	<u>Volunteers</u> 122,126,132,		<u>Volunteers</u> 123,128,130		
	<u>School</u> 138,139	<u>School</u> 136,137			
	<u>Public</u> 140		<u>Public</u> 142,143,144,145,146,147,148		
Formal Source	<u>Professionals</u> 194		<u>Professionals</u> 150,157,158,159,163,173,174,175,176,205 161 (risk of losing their children), 162 (cultural embarrassment),		
Mixed Source (Books, online)				<u>Internet/Books</u> 232,233,234	

Appendix J

Mindmap of Themes and Subthemes of the Findings

